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ORIGINAL COMMUNICATIONS.

THE ETIOLOGY AND TREATMENT OF DIPHTHERIA.

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I CONSIDER diphtheria to be a specific, infectious, contagious, constitutional disease, with a local manifestation, which local manifestation is characterized by changes in the epithelium and the exudation of fibrin upon and into the mucous membranes, upon the surfaces of wounds and ulcers, and the rete Malpighii, thereby constituting the so-called pseudo-membrane.

Whereas I believe diphtheria to be a specific disease when once fully established, yet I have observed facts in my experience with the disease sufficient to cause me to lean strongly to the belief that there is a community of origin in several allied diseases, notably typhoid fever and scarlatina. There is no other explanation of the fact that in some epidemics of scarlatina the disease is marked only by a sore throat, and were it not for the well-defined or typical cases of scarlatina in the neighborhood at the time we would without hesitation pronounce such cases diphtheria, because they are highly contagious, and are followed by well-marked sequelæ of genuine diphtheria, such as the paralysis of different groups of muscles. I well remember a small series of cases which I attended in the autumn of 1880, which set me to thinking upon this point, and my observation and experience since has only tended to convince me of the correctness of the ground of belief then first occupied by me. I don't claim priority in this belief, but only wish to say that I arrived at the conclusion unaided by others. Since 1880 I have seen articles in the medical journals preaching the same doctrine.

From September 14, 1879, to October 10, 1879, in all twenty-eight days, Mr. E. N. P. was under my care with typhoid fever, and fully recovered. Over a year afterward Mr. P. lost a child with scarlet fever under the following circumstances: September 29, 1880, I was called to see a young lady who had just arrived in the village, and found her affected with diphtheria. The disease was prevalent in the town from whence she had just come. Her tonsils had well-defined ulcers, and were covered with dirty-gray membrane. She made a complete recovery. October 1st, or two days afterward, I sent medicine into the country three miles distant for a child sick with sore-throat, by its father, and the next day I visited it, but was not willing to call the trouble diphtheria. The child got worse, and the regular family physician was called in, and he too would not pronounce the trouble diphtheria, but continued to visit the patient, who finally died. The disease attacked and carried off, I believe, five children in this family. Twenty-nine days after, I saw for the first time the young lady mentioned above, *i.e.*, on the twenty-eighth day of October. I was called in by a German woman, who wanted to know of me what she should do for "the ulsters" in her daughter's throat. After examining the child's throat I pronounced it diphtheria, and had her carefully isolated from the rest of the family, and instituted appropriate treatment. She made a lingering recovery after having paralysis of the eyes, which came on in about four weeks.

This patient lived in the adjoining house to the young lady mentioned above.

On the twenty-ninth of November following this case, or thirty-two days after I first saw it, I was called in by Mr. P., who had had the fever over a year before, and who joined houses with the last patient, to see his little daughter about four years old, and who I found with a high temperature which run from 103° to over 105° Fahr. as the disease progressed to a fatal ending. She had great nervousness, the pungent skin of scarlatina, but without much angina; she broke out on the third day with the characteristic scarlatina rash, beginning on the throat and neck and extending downward and covering the body in less than two days. This patient was thoroughly isolated, and none of the rest of the family contracted the disease, among the members of the family being the mother who had been delivered of a babe only about two or three weeks previously.

Eliminating the typhoid-fever case, and I hold that the relation of the last three cases mentioned is close enough to give faith in the theory of the common origin of all of them, *i.e.*, the two cases of diphtheria and the one case of scarlatina. And right here in passing I wish to emphasize the benefits of isolation, for no other members of either of the two large families were at all affected.

I have had since the date of the facts above noted abundant proof to confirm me in my belief of the community of origin of those dread diseases, but these cases impressed my mind thoroughly with the idea which I have since seen brought out in the journals, both in America and in Europe, especially in England.

The eminent physiologist, the late Dr. W. B. Carpenter, believed in the interconvertibility of zymotic diseases. In the course of an address, delivered before the Canada Medical Association in 1882, he said Sir John Pringle gave, further, the results of some observations which he (Dr. Carpenter) had always held to be of fundamental value, namely, the principle of the convertibility of certain forms of zymotic diseases which they were accustomed to regard as of a different type. Dr. Richardson also cites several instances of the convertibility of one disease into another. One instance refers to a "lot of English soljiers afflicted with a mild autumnal fever in Scotland in 1745, and sent home in small briggs, but were delayed on the voyage for six weeks by adverse winds. The men in the meantime were confined under closed hatches without ventilation. In consequence of the unsanitary conditions the fever changed, by the process referred to, into a malignant typhus. They landed, and the disease spread among the villages in which the men located. In another instance, under Dr. Carpenter's own observation, the malarious fever of the west coast of Africa changed under similar conditions into yellow fever of a contagious character. Dr. McWilliams and others had reported similar cases of the same convertibility of these kinds of fever. He also referred to Sir Robert Christison's opinion in favor of the interconvertibility of zymotic diseases, and that typhus and typhoid could not always be distinguished, and said that Sydenham, one of the best observers, did not distinguish between scarlatina and measles. He also quoted Pasteur's opinion to the effect that the medium in which the germs were developed would have a most important effect upon the germs themselves; that when germs which would produce ordinary malarious fever developed themselves in blood which was rendered unhealthy by bad ventilation or other causes, these germs would develop themselves in quite a different form, producing a different type of disease."

The eminent doctor gave other instances in regard to mild forms of small-pox being converted by the same process into malignant forms.*

We learn, says the Medical and Surgical Reporter, vol. xlii, p. 344, "that Tschamer found constantly present in the blood, on the epidermic scales, and in the liver of scarlatina patients little punctiform bodies which he recognized mostly as micrococci, more rarely as rods. Culture researches, which were carried out partly in solutions of sugar and partly in paste, resulted in a development of rods, then of spores, and finally of branched hyphen of a mold fungus which was recognized as verticillium candellabrum. From the spores of the latter were again developed micrococci, the inoculation of which, on the author himself, produced a reddening of the skin around the place of inoculation; he swallowed, moreover, a large piece of the verticillium, and remarked three days later a slight pharyngeal catarrh lasting two days.

* Medical and Surgical Reporter, vol. xlvii, p. 546.

"A similar observation was made in diphtheria; the fungi, 'cultivated' from the urine or diphtheritic membrane, belonged to the species verticillium ruberrimum. Tschamer adopts Hallier's theory, according to which micrococci can arise from fungus spores, and *vice versâ*, as fully applicable to the fungus of scarlet fever and diphtheria; both diseases, according to him, arise from the action of a verticillium. This genus, according to Bonorden, breeds on decaying wood."

"Dr. John Meredith furnishes additional proof, in the London Lancet of May 26, 1883, of the convertibility of diphtheria into scarlatina. He relates a case of diphtheria, the simon-pure disease, occurring in one member of a family; after a while a second one, who was exposed to the contagion, contracted a scarlatiniform disease, and subsequently a third person, who came much into contact with the second, developed a typical case of scarlatina."*

In vol. iii, p. 235, of Journal American Medical Association, is an article by Dr. E. O. Bardwell, of Moline, Illinois, in which he argues for the community of origin of diphtheria, typhoid fever, and scarlatina.

He says: "In Northwestern Pennsylvania, at the source of a small stream whose waters ultimately mingle with the Susquehanna, fifteen miles from a sewer, in a narrow valley, is situated a lumber camp. Each season for four years, prior to 1882, one or more cases of typhoid fever have been developed in this camp. In 1881 four men contracted the disease, from which one died. In 1882 there were no cases of fever, but two men were brought out ill with diphtheria; previously there had not been a case of the kind in the camp, and the patients had not been within fifteen miles of diphtheria within a year.

"In another camp, also in a valley, there lived a foreman, his wife, and two children in a small house built for them a few rods below the camp; a babbling brook ran by the door, and the house seemed pleasantly situated. In the summer of 1880 one of the children contracted scarlatina without having been away from home or having had visitors for three months. In the fall of the same year both had diphtheria, from which the youngest died. The following spring the remaining child was taken with typhoid fever, and, acting upon my suggestion, the family moved to town. The girl recovered in three weeks.

"The murmuring stream brought down with it much of the refuse of the camp above, and, frequently overflowing its low banks, deposited a certain portion thereof in close proximity to the dwelling, which, surrounded by thick trees, was not in a favorable condition for the mountain breezes to carry off the noxious vapors. The woods around the house, containing decaying vegetation, would perhaps have some work to perform in the production of disease; tree-trunks in all stages of decay, layer upon layer of decaying and decayed ferns, grasses, and leaves, the accumulation of years, periodically soaked with water, would, perhaps, be liable to generate gases which would not be particularly conducive to human health. Be that as it may, the three diseases were developed there under these conditions.

"Four miles from this last-mentioned locality lives a farmer with a wife and seven children. In 1880 four of the children had scarlet fever; in the summer of 1881 one of the children had typhoid fever; in the fall of the same year the oldest child, a girl of sixteen years, contracted typhoid fever, from which she died. Three months later one of the children who had not had scarlatina took it, and two months later one of the others was taken with diphtheria. The house is situated on rising ground, the water supply is apparently pure, and the surroundings are in good sanitary condition. I had no idea there was a cellar under the house, as no indications of one were visible. However, after the last case I made an inquiry which I should have done at first, and found not a cellar but a pit underneath the dwelling, ingress to which was through a trap-door from the kitchen, merely a hole in the ground and sided up with hemlock boards decaying from moisture. No ventilation was possible, and, although it was comparatively clean as such holes go, yet, used as a place of storage for vegetables, its atmosphere was necessarily far from salubrious. I pointed out the danger and advised Mr. C. to fill up the hole, and my advice was acted upon, and since there has been no sickness in the house.

"Down a valley eight miles distant stands a saw-mill surrounded by laborers' dwellings. Usually one or more cases of typhoid fever are developed in this valley each season; during the year 1882, however, there were no such

* Medical and Surgical Reporter, vol. xlviii, p. 705.

cases, but in December and January following diphtheria was prevalent in the neighborhood of the mill, thirty cases occurring during that time, with a mortality of six. About two months later scarlatina in a mild form made its appearance and continued several months. The first case of diphtheria occurred in a house where I could discover no sanitary irregularities, but this house was only a few rods from another habitation where the next six cases occurred two days later, and the condition of this latter was such that I cannot hesitate to believe that the first case was caused by contiguity to it. If diphtheria or scarlatina were imported into this locality they were brought in a most clandestine manner, and the carrier was extremely careful to drop no seeds on the way, as the two diseases were confined to this small area, about two miles long by one-half mile wide.

"A valley nine miles long reaches out nearly at right angles to the one just mentioned. There have been in this valley one or more cases of typhoid every year for twelve years prior to 1882, during which season there did not occur one case. In September, 1882, however, diphtheria broke out to the extent of fifteen cases and four deaths. The disease in this instance made its appearance eight miles up the valley, in a house where the cellar was in a filthy condition from decaying vegetables and stagnant water; the force of the endemic was expended on a few families in this immediate locality. It is a fact worthy of note that there were no cases of typhoid fever in this valley in 1882, for the first time in twelve years, and that the evolution of diphtheria evidently consumed the material which under other subtle conditions would have been used in the production of typhoid fever. In neither of the examples adduced was the outbreak of diphtheria general enough in character to explain the absence of fever by saying that most of the people having had one disease they were therefore exempt from the other. In the valley just alluded to typhoid fever again put in an appearance in 1883."

In his review Dr. Bardwell says: "Judging from these cases, I cannot arrive logically at any other conclusion than that these three diseases are originally caused by disregard of the laws of hygiene. Their spread after development is another question entirely, and one with which we have at the present time no concern more than to venture the remark that the innocent inevitably suffer with the guilty; the persons whose doors are kept clean suffer the penalty of allowing their neighbors to live in ignorance of plain sanitary laws. If improper sanitation is the primordial factor in the evolution of these disorders, then it is not so important to ascertain in just what form and by what means disease is disseminated, as it is to strike at the root of the evil, to annihilate the first cause, without which there can be no elements of disease to be carried about by the air, by innocent micro-organisms, or by distinct varieties of minute life created for this special purpose.

"As practical physicians it is not a matter of great clinical importance whether or no bacteria are really the causes of these diseases and filth the nidus for their development. No remedy is known which will kill the bacteria in the system without killing the patient, but we can remove in some cases the causes of ill-health, whether it is really due to bacteria or not. Some people can be taught the danger of unsanitary surroundings, but many more will learn only when compelled to do so. The physician can instruct to a certain extent, but his advice would have much more weight if it was known that compulsion might follow its disregard.

"The only body capable to successfully manage the education of the masses on this subject would be a carefully organized Board of Health with practically unlimited power. When every town and hamlet has a health officer properly qualified and not afraid to do his duty, then will most diseases be lessened in severity, and in all probability some will disappear entirely."

Dr. G. Paget, F.R.S., Regius Professor of Physic in Cambridge, describes the following case: "The patient was Mrs. J. K., a married woman, about twenty-eight years of age. Three days before her illness began one of her children died of diphtheria, two of them having been affected. Mr. Carter attended them and had no doubt of the diagnosis. The children had sore throat and exudation upon it.

"When I first saw Mrs. K., December 14, 1861, she had been confined to her bed about a week. From Mr. Carter I learned that her illness had begun with sore throat, that there had been small white diphtheritic patches upon her throat. When I examined it I could find

none, nor any signs of diphtheria; but upon her abdomen were some of the rose spots characteristic of typhoid fever; and at the base of her right lung, to the extent of two or three inches, the percussion sound was dull, and small crepitant râles could be heard. She was feverish; her pulse was one hundred and thirty; her bowels loose. She was in the seventh month of pregnancy.

"For six days she continued in much the same state as an ordinary typhoid fever, with moderate pneumonic complications; her bowels loose; her pulse above one hundred and twenty; her tongue dryish, and a general condition requiring wine and brandy. During these six days her throat remained free from diphtheritic appearances; but on the morning of December 20th it again became sore, and in the evening the uvula and soft palate were covered with a white exudation, the adjacent parts being bright red. Her pulse then became a little less frequent, falling to one hundred and sixteen.

"Chlorate of potash was now prescribed in small, frequent doses, and next day the tincture of perchloride of iron. On December 28th her urine contained albumen. The exudation after its reappearance on December 20th was seen from day to day; it had a diphtheritic character, and was very extensive. It was still present, though somewhat reduced in extent, on January 2d. When I saw her on January 5th it had been completely cleared off.

"The chief interest in this case is in the disappearance of the local signs of diphtheria, and their suspension for six days during the continuance of the typhoid fever, and then their reappearance and persistence for thirteen days more."

(To be concluded.)

CEREBRAL STRUCTURE AND PENAL LAW.

By U. M. SNYDER, M. D.,
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AS the subject of brain formation and localization of function becomes developed and understood, the criminal law, as it now stands in civilized nations, becomes more and more unsatisfactory. A proper understanding and recognition of the dependence of mind, and consequent character, upon a material organism alone can formulate a correct science of human life and human conduct. The term biology should be dropped from the nomenclature of science. It has been the weapon of religious fanatics and spiritualistic enthusiasts long enough. There can be no science of an attribute whose very existence is unknown and unknowable. The gradual enlargement of the human understanding, in the rising process of evolution, brings with it a higher order of reasoning, and demands demonstrable exactness.

How different the modern scientific conceptions of life and thought and action from the conceptions thereof of mere faith and tradition!

Anatomico-physiological science is the legitimate parent of biology, and, in virtue thereof, the only authoritative interpreter of human motive and human action.

The theft of Vesalius was an immortal theft, as it resulted in a fresh impulse to anatomical investigations, and these investigations brought to light the seat and source of thought.

Without the ear there can be no sound, and without the eye there can be no light. The roar of Niagara is silence until the waves of air it sets in motion strike the ear. The rays of the sun are darkness until the eye converts them into light. Likewise, the physical sciences have demonstrated that there can be no thought until the cerebral cells are set in action. Instead of an imaginary, spiritual activity, a radiation from the Deity of the "churchmen," Science has shown the mind to be a material product, the product of cerebration, cerebro-cellular action. This process in the evolvement of reason extends down through the lower orders of animals, differing from that of man only in degree.

Beaumont looked into the stomach of Alexis St. Martin and first saw the process of digestion. So, also, a future microscopical anatomist may some day peer into the interior of the brain and observe the mechanism and process of ratiocination. The brain can act only in accordance with the character of its histological and morphological construction. Each individual has his or her own peculiarly constructed brain, and, in consequence, must largely think as he thinks, and do as he does, and be as he is. He cannot transform his inherent constitutional character or arbitrarily shape his destiny. He may cultivate or inhibit any one faculty of the mind, but he cannot obliterate it. It is congenitally incorporate in his organism and he is not responsible for that incorporation. The leopard cannot change his skin,

neither can a human being shake off his inborn nature, his hereditary predisposition. It is there, and certain conditions will call it into action, despite all human will.

Man is not consulted about being brought into the world, neither has he a voice in his environment. His causation is responsible for his structure, his constitution, and his character, be that causation a personal God or the process of evolution.

What right, then, has one class of human beings to condemn another class to death?

What bearing should these demonstrable physical facts have upon our estimate of human character and the criminal law? There are about one billion and a half of people on the globe, and no two look exactly alike. No two have the same cranial contour, the same cerebral mould. No two have the same proportionate amount of gray and white matter of the brain; the name, number, and depth of sulci. These are the ruling factors in the intellectual and moral character of mankind. No two can possibly think alike; so, then, which particular one of the human race thinks exactly aright? Who could correctly answer Pilate's question to Christ: "What is truth?"

If, then, some are more highly and finely organized than others, does that give them the right to judicially murder them because of their inferiority?

It has been asked, Why does the evil of some not crop out until advanced age? I answer, upon the authority of pathological histology, for the same reason that some others die at all ages without any appreciable definite cause. Their inherited constitutional vitality is exhausted, if not to the extent to produce death, yet so far that the control of the will over the passions is lost. They then indulge in that propensity which hereditarily but latently predominated in the organism. It is a deplorable circumstance, a melancholy spectacle, for which they are not alone responsible. Their ancestral heritage and inevitable environment enter largely therein. The mantle of Christian charity and mercy should be thrown around them rather than the bloody rigors of the law. Restraint and detention in an asylum or workhouse will surely protect society against their depredations till death comes to their relief.

Connecticut is erecting monuments to the women it hung for witchcraft two hundred years ago, and who knows what will be thought of the criminal laws of this age two hundred years from now?

Was that hanging not a shame and a disgrace, not only to American history, but to the history of the human race?

Behold the spectacle of the State of New York now making experiments upon the quickest mode of killing human beings! It is a sad commentary upon our boasted humanity. Is this our position after eighteen hundred and eighty-eight years of Christian teaching? "He that is without sin let him cast the first stone" is of less force now than when Christ propounded it to the Jews. This fretful life is short at best, and, even if not taken by violence, will soon be extinguished by a higher and more authoritative law than that of man.

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*INFANTILE CONVULSIONS.**

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THE subject of Infantile Convulsions is not a trifling one, as one of the first stories I heard related after my entrance into the profession, regarding one of the numerous "Doc. Sifers" of the early times, would indicate. This traditional boaster announced that if he could only turn any case he was called to into "fits," he was all right, as he was "H—l on fits."

The majority of cases to which the young practitioner is called are emergencies, and a good percentage of these are the petted darlings of the household in the struggling spasm. It would be superfluous on my part to describe an attack of eclampsia. A single seizure does not differ from epilepsy, except that the latter is characterized by its chronic course and sudden recurrence and freedom from fever. It goes without saying that a convulsion is in itself not a disease, but a symptom of a pathological condition in the organism, and yet that this fact is often overlooked is evidenced by the mortality records of the city of St. Louis, which are made up from the death-certificates furnished the Health Department by the legal practitioners of the city, all of whom under the law are graduates of medical colleges.

These records show that in 1886 four hundred and forty-one infants were reported as dying from "convulsions," and in 1887 the number was four hundred and thirty-seven.

* Read by invitation to the McDowell Medical Society, annual meeting, at Henderson, Kentucky, November, 1888.

It seems to me clear that our first duty is to determine the cause of the paroxysm and remove it, if possible, instituting at the same time efforts toward calming the agitation. Intelligent treatment certainly demands the ascertaining of the cause first, if possible, in spite of the fact that Henoch, the great authority of Berlin, in his text-book, based upon thirty-seven years of metropolitan practice, says: "If you are called in a case of this kind and find the child in convulsions, no time is left to enter carefully into the cause of the attack, and you must immediately begin treatment." After announcing free and almost careless administration of chloroform (even leaving it to nurses) as being the sheet-anchor, he says: "As soon as the convulsions have ceased the cause of the disease must be taken into consideration."

The fallacy of this statement can best be illustrated by the following case:—

Joseph M., aged eighteen months, September, 1883, at 3 P.M., taken with spasm. Physician summoned, who administered chloroform during continuance of attack of more than half an hour, at end of which time child became quiet, and bromide and chloral were ordered to be given to prevent a recurrence; medical attendant left, assuring the family that the child was all right, but that he would return that night and visit it. One-half hour later convulsions returned with increased violence, and, being summoned, I at once placed my thermometer in the rectum and discovered a temperature of one hundred and seven. A cool bath promptly relieved the spasm, having reduced the temperature; the child remained asleep and tranquil for two hours. The nervous symptoms again pointed toward spasm; the thermometer in the rectum marked one hundred and five; another bath relieved. The case developed into a malignant scarlet fever, and death was the result.

Whatever be the cause, whether light or serious, it should be removed as promptly as possible. The chronic tendency to convulsions known as epilepsy has much of habit in it. Each successive fit that comes prepares the brain for another, and the trivial convulsion, whether caused by indigestion, dentition, fright, excitement, or high temperature, unchecked at their first onset, may develop the chronic epileptic or the idiot.

Heredity is a very important factor.

Some children, upon the slightest provocation, may be thrown into a convulsion. With such the parents have been, as a rule, similarly affected. Bonchut related the history of a family of ten persons, all of whom suffered in their youth from convulsions. One girl of this family married, gave birth to ten children, and nine of these suffered from eclampsia.*

The majority of convulsions of infantile life are of reflex origin, owing, no doubt, to the predominance of the spinal over the cerebral system in early life. As the brain develops and becomes better organized, increasing in size and power and diminishing in friability and sensitiveness, convulsions become more rare in occurrence.

A brief reference to the various disturbances entering into the causation of infantile eclampsia is in order.

The first essential is the neurotic diathesis—a weakened nervous system and consequent increase of irritability dependent on loss of blood, malnutrition, expressed by anæmia, loss of flesh, rickety malformation, and defective assimilation; or the diathesis may be due to inheritance from an hysterical, highly nervous, or epileptic mother, or drunken father, or from tuberculous parents whose children are defective in their development and nutrition of nerve-tissue.

A complete knowledge of family history, with proper effort exerted to remedy the defective equipment, in the way of good nutrition, fresh, pure air, sunshine, tranquil, unexcitable life, with judicious training and moral restraint, will accomplish much, and we may be rewarded with a superb specimen of physical, mental, and moral manhood in the end. It is no doubt true that in many cases the treatment of our little patient, as Oliver Wendell Holmes would say, should have been begun a century before, yet with constant and increasing watchfulness we may accomplish much though we start late.

With other conditions favorable, teething, with angry, engorged gums, and the frequent accompaniment of disturbed digestion, may be a potent cause of convulsions. A free incision of the swollen gum may be all-sufficient, but if the irritation be great, the careful bathing of the gum with ice or a 5 per cent. solution of muriate of cocaine will be desirable.

One of the few positions taken by my esteemed friend, Dr. J. Lewis Smith, of New York, whom we all love and honor, that I

* Vogel.

cannot accept is wherein he decries the importance of the teething process.

One who has ever in later life, in spite of a well-developed nervous system, suffered from the acute irritation of an erupting wisdom tooth, can but realize that cutting teeth is no child's play to the delicate and sensitive baby.

Gorging the stomach with improper food has been known to completely demoralize a healthy adult. The effect upon the sympathetic nervous system of a little one is pronounced, the means of relief obvious—emesis enemata of a drachm of warm glycerin, calomel purge, aids to digestion, and a careful selection and limitation of food. Infants should be guarded against constipation, and to this end nothing surpasses the following:—

℞ Tr. nux vomica, . . f℥ss.
Tr. belladonna, . . gtt. xv.
Aloin, ... gr. ss.
Alcohol, ... f℥j.
Elix. lactopeptine, . . f℥j.
Glycerin, ... f℥iij.
Syr. simpl., . . . f℥ss.

M. Sig.: Teaspoonful at bed-time, or if need be twice daily.

No doubt the cases of convulsions referred to the anger or emotional excitement of the mother or wet-nurse are due to indigestion occasioned by the change in the milk nursed.

Worms are charged with being a frequent cause of eclampsia, but the testimony of Henoch is to the effect that he had never seen a case which could with certainty be traced to worms.

My own observation, while by no means as extensive, corresponds with this writer. Anthelmintics should not be ignored, however, as worms may be a very potent cause of disturbance in the alimentary canal.

High temperature, occasioned by the initiatory stage of the eruptive fevers, pneumonia, pleurisy, enteritis, meningitis, and malarial or typhoid fever, is a frequent cause of convulsions, but this can be promptly ascertained by the use of the thermometer, after which the course to pursue is well defined; not the traditional bath of mustard and hot water, but the cooling bath and possibly the wet pack. We should put out the fire, not feed it. In this connection I recall two cases, a reference to one of which will be sufficient.

M. A., aged three years; December 24th coasted with nurse entire afternoon, and the pleasure was rudely terminated by the child being terribly frightened by the sled being permitted to carry her under a bridge which was dark and forbidding; was put to bed in the regular way, having eaten an unusually light supper, in a room adjoining mother's with light turned down; at nine o'clock mother heard child breathing stertorously and discovered her in convulsions and skin very hot, face red and flushed. The physician summoned put her into an intensely hot bath with mustard and renewed the water time and again, as the convulsions lasted over an hour and a half and then ceased, the attendant announcing to parents that she was all right, as he had stopped the convulsions, not realizing that the nervous irritability was exhausted, and hence the stoppage of the spasms. On entering I found that no history had been elicited, no temperature taken, and I soon discovered that the thermometer registered 109° Fahr., and when I informed the doctor that, in my judgment, the child would die, he could not believe it. The family were cruelly awakened from their false hopes, and the child lived but a few hours.

I am free to say that, in the majority of cases, I think the hot mustard bath an injury rather than a benefit. Every child in convulsions should be at once stripped, and whatever else be done, the thermometer should be used, preferably in the rectum.

Having eliminated high temperature, indigestion, worms, possibility of irritation being caused by foreign bodies being introduced into the entrances of the various canals should be remembered; the ear should be examined, not only for foreign bodies, but also for possible interior inflammation. A recent history of scarlet fever may develop suppression of urine and uræmia as the trouble. Remembering that tubercular meningitis (according to high authorities) is a most frequent cause of infant mortality, it should not be lost sight of; indeed, I think meningeal tubercle a frequent cause of convulsions in ill-nourished children, and did time permit I would cite several clinical illustrations from my case-book. I am firmly convinced that the post-mortem evidence would favor the idea that many more poorly fed babies die from tubercle in the brain than we imagine.

The relation between an elongated, narrow, adherent prepuce, with the consequent in-flammatory disturbance dependent upon accumulated

secretions, should be recalled to mind, and, if the conditions demand, circumcision should be promptly performed.

Among obscure causes of well-defined infantile convulsions which may be overlooked, there occurred under my observation the case of a two-months-old child which had been banefully affected by belladonna carelessly applied in shape of belladonna ointment to the breast of the mother by the nurse without the knowledge of the attending physician.

As a very unusual cause of fatal eclampsia I recall the bottle-fed infant of a morphia-eating mother, which I innocently, but ignorantly, permitted to die in convulsions occasioned by cerebral disturbance which might have been relieved by the administration of the proper amount of the drug necessary to meet the demands of the morphine habit which it had inherited.

Undoubtedly the congestion occasioned by a malarial seizure is a frequent cause of convulsions, and in plethoric children we should remember the value of leeching over the temples and behind the ears.

I desire to emphasize the following points:—

1. We must not lose sight of the fact that a convulsion is only a symptom and not a disease. We must promptly determine the cause, and then intelligently and energetically eliminate it.

2. We can probably classify the majority of cases of infantile convulsions as being caused by ill-fed nerve-centres (rachitics and victims of tuberculosis), reflex irritations, and cerebro-spinal engorgements and congestions dependent upon too high temperatures incident to the poisons of malaria, the infectious diseases, and narcotics.

3. As we can make a triple classification in the etiology, it follows that we should have a similar division in the matter of treatment, and, succinctly stated, we may designate the latter as (*a*) nutritive and constructive, (*b*) a removal of all irritation from the sympathetic system, (*c*) antiphlogistic, eliminative, cooling, and sedatives.

4. While calming the fears of the agonized parents, whose child is taken with a spasm, by assurances that an infant rarely dies in this manner, and causes the most insignificant sometimes occasion the disturbance, we should not fail to impress them with the fact that it is a serious matter and that the best possible way to treat the convulsive diathesis is a perfect hygienic regimen, prevention by good food, proper clothing, fresh air and sunshine, plenty of sleep, and avoidance of all excitement.

5. In discovering a child in the eclamptic paroxysm no one article is more essential to a proper examination than a well-tested thermometer (it being practically the doctor's sixth sense, which enables him to go far toward making a diagnosis), and the only proper place for locating it in ascertaining the degree of fever is the rectum, leaving it *in situ* not less than three minutes.

6. For the prompt quelling of a spasm chloroform by inhalation is a most valuable remedy, but it should be used carefully and not too early, as it may serve as an agent to mask the true condition of the patient, the hiding of the danger-signal kindly thrown out by Dame Nature.

7. In the cooling bath we have a prompt and potent means for quelling the riotous condition of the cerebro-spinal system. Not the sudden ice-cold bath, as that borders on the brutal, but water in the beginning about the temperature of the patient, and gradually reduced to 70° to 60° Fahr., and possibly lower if the indications call for it.

8. In acetanilide I am sure we have a most valuable remedy for the relief and prevention of convulsions. Clinical experience for one year justifies the conclusion. The action of the drug is rapid, usually beginning to manifest itself within an hour, and not infrequently within twenty minutes, its full effect being reached in four hours. Pulse and respiration are slowed, arterial tension increased, diuresis and diaphoresis occur, pain is relieved, and sleep usually ensues. If given carefully no great amount of depression follows. An exanthematous rash now and then accompanies its administration.

In confirmation of my own experience as to its value in the convulsive diathesis, I note the fact that Dr. H. N. Moyer, in the London Medical Record of August 20, 1888, reports favorably on its use in epilepsy, in five-grain doses, three times daily.

OBSTETRICAL PRACTICE.

By W. L. KREIDER, M.D.,
PRAIRIE CITY, ILL.

IT is now nearly thirty-two years since I attended my first case of confinement, and during this time, if I have learnt anything that

would be a benefit to others, it is but right to them that I should make it known.

There has been much said in regard to the use of ergot in obstetrical cases. My own experience would teach me that it is a very unreliable remedy. Even when it does increase (apparently) contractions of the uterus, these contractions do not increase the progress of the labor. The contractions produced by ergot are likely to be spasmodic in character, and therefore rather retard than hasten delivery.

Some medical writers contend that by giving half a drachm of the fluid extract ergot just a short time before the delivery of the child will prevent excessive flowing after delivery. While this may be true, it would be a very difficult matter to prove, as there are but few women who flow to an excess, even where no medicine is given. But what are we to do in cases where we have reason to believe excessive hemorrhage will follow? My experience has taught me to deliver the placenta within the minute after the birth of the child, then, if flowing was excessive, I would give a small teaspoonful of the tincture of opii; this in a very short space of time will be followed by reaction and in this way end the flowing. Those who have never tried it will be surprised at the happy effect.

I might say, indeed, I always deliver the placenta as soon as possible after the birth of the child, for the reason it is much easier done then and much safer, all things considered. If you wait too long, the uterus is likely to contract around the placenta and thus make the delivery more difficult.

HOW CAN THE AVERAGE PROFESSIONAL INCOME BE INCREASED?

By WM. C. WOOD, M.D.,
GLOVERSVILLE, N. Y.

HOW can the average doctor's income be increased? How shall the vast army of poor patients be enabled to pay?

The above are questions the physician asks himself every time he turns to his ledger, with its columns of charges which cannot be collected, yet represent many hours of anxiety and toil, together with the actual outlay for medicines.

No matter how carefully the doctor tries to select his patients, far too large a number belong to the non-paying class. There is, of course, the worthy poor, and those who pay a little, and last, but not least, the medical "dead-beat," who does not intend to pay.

His condition is usually the result of circumstances. He or some member of his family suffers from a protracted illness. The small savings, if any, are expended; he gets in debt, and the doctor has to wait.

Sickness comes again. Doctor No. 2 is employed because No. 1's bill is not paid, and so the patient finds it easier to change doctors than to pay them.

Every practitioner recognizes the fact that a reduction of wages or the shutting down of the mills adds to this class and affects his income. When the income of the workingman, none too large at any time, is lessened, the doctor, who can be put off, suffers, while the grocer, butcher, and landlord, by cutting off supplies, compel payment.

We cannot look to organizations of doctors into medical trades' unions as a means of securing our pay. The call of suffering humanity must be obeyed. The woman in the pangs of childbirth or the little child struggling with pain must not be punished because of the shortcomings of husband or father. If we refuse to go without our pay or unless the poor-master's order is procured, we may get our fee, but have made a pauper—for "once on the town, always on the town."

There is only one way to increase our incomes and abolish the ever-growing class of non-paying patients. As the majority of men who require the services of a physician are among the working classes (it is a shame that word *classes* ever obtained in this country)—among the poor—it is by helping to improve their condition he will help himself. We must become political economists—study the financial, labor, and land questions. In so doing we will but act up to our duty as citizens, and when so large a body of intelligent men as comprise the medical profession of the United States undertake the solution of these vexed questions we may look for good results, and win for our profession the triumph of the century. The body politic is diseased. Go cure it!

If we should succeed in finding a remedy for the hopeless poverty, the hunger, the overcrowding in miserable hovels or great tenements, breeding-houses of disease and immorality, the scanty clothing, the long hours

of unremitting and underpaid toil, would not intemperance, disease, and crime be lessened also? If we made homes easier to get and keep with proper leisure, would not the physical and mental standard of men be raised? There would be less sickness, but better pay.

How may this be done? How can we secure higher wages, steadier employment, and homes for the majority of men? What is the disease from which society suffers? Look about you! There lies the idle land on which these homes should be built, held for speculative purposes. You see the mines unworked, that an artificial scarcity may increase the price of ore. You see the man who would build a house, erect a factory or mill where labor may be employed, fined by taxation for his industry. And a tax upon houses has the same effect that a tax upon dogs is expected to have, *i. e.*, limits their number.

You can see that this vast continent, capable of supporting the population of the whole earth, grows its tramps and paupers, and now and then we read of men dying of starvation or committing suicide for want of work. It is in the owning of the resources of nature by men who will not use them, nor allow others to use them, that the evil lies. It was the dog in the manger that would have starved the ox. You may build a rapid-transit route out of any city and it will not make homes easier to get; it will only increase the price of land. The high price of land, speculatively higher because of the vacant land withheld, forces manufacturers into cramped and unhealthy quarters, where want of light and air sap the constitutions of the employees, while the high rents make it harder to accumulate anything against a rainy day.

So large a proportion of the values produced by capital and labor go to land as rent that the two former have but little left.

For, in the long run, labor and capital, engaged in production suffer or gain together, both profits and wages not increasing in proportion to the increase in the value of land. The amount of wealth produced must be divided between these three factors—wages, profits, and rent. The more the latter receives, the less there is left for the two former, and when, as is almost invariably the case, the rent is based upon a speculative valuation, capital and labor get even less than their share.

Having made the diagnosis, now for the remedy. All that is necessary is to levy a tax upon the site value of land that will make it unprofitable for men to hold land and not use it. When this is done, all land will be thrown open to use. Valuable land will be used according to its value, growing crops or building, and thus employing labor, giving work to the unemployed, and by the increased demand raising wages. Nor would it be needful that we should tax anything else. So that, the products of capital and labor being freed from taxation, living would be cheaper and yet wages be higher, and in the general prosperity that must follow the physician would get his share.

Nor would it, as might seem at first sight, be unjust to the land-owner.

Land is the sole thing in the community that is passive in conferring value and active in receiving it. For instance, let the population of Philadelphia double in number and its capital engaged in production correspondingly increase, yet wages *per diem* would be no higher, profits per dollar would be no larger, for competition on the part of unemployed labor and capital would take care of that.

But with the growth of the city would occur an enormous increase in the value of land.

Would it not be perfectly fair that labor and capital which create value should be freed from taxation, while land which receives it should pay?

For while the values produced by capital and labor are the result of individual exertion, skill, and enterprise, the value of land is due to the general growth and prosperity.

It is but fair, therefore, to take for the uses of society the values produced by society, and leave to the individual the values produced by him or his capital.

In giving to each his own, and by releasing land from the grasp of monopoly, permitting the free working of the law of supply and demand, we will solve the problem of the proper distribution of wealth; and, by securing to others justice, we shall help to find it for ourselves.

THE wording and construction of an advertisement is often more important than the character of the journal it is printed in. Large and experienced advertisers are beginning to appreciate this. John Wanamaker, of Philadelphia, is said to pay twelve thousand dollars a year to the skilled writer that gets up his announcements.

THERAPEUTIC VALUE OF QUININE AND ITS ABUSES.

By G. W. WHITELEY, M.D.,
ALBANY, MO.

QUININE might justly be styled the cure-all of the average physician. He uses it for a bad cold; for every fever he comes across he is not backward to prescribe it, and all bowel trouble, even if it is a mere belly-ache. The mighty remedy is at hand and given—what for? If that question was asked by every physician before any drug was given by him, and thundered into his ears till he answered it to his own satisfaction by closely examining and weighing the case before him, we would have less mistakes made in treatment and, first of all, diagnosis. As stated before, it is given for nearly every ailment known to the human family, not stopping to see whether it is indicated or not. It is given with the idea that it will do, anyway, and how easy it is to say, "Give him a two-, three-, or five-grain capsule of quinine, three or four hours apart, and he will come out all right." Is there any sense in it, or anything to raise or to develop you in your profession? For instance, a physician is called to prescribe for a patient, and he tells him he is all out of fix—headache, bad taste in his mouth, turns blind when he rises to the standing position—what is your prescription, nine times out of ten? It will be a dose of quinine three or four times a day or a solution in whisky, hardly waiting for the patient to get through telling you his ailments till out comes the prescription. Thus, by our constantly prescribing the drug, we have, especially in the malarial regions, induced the laity to dose themselves as if the stuff were a delicacy. I have had them tell me they knew as much about medicine as the doctors, for "they only carried a quinine bottle and some other medicines to make a show with."

H. C. Wood says that he never saw any perceptible gain in three- to five-grain doses in lowering the temperature. And ask any one—no, I will not say any one, but a great many physicians—and they will say they give it in typhoid in three- to five-grain doses. What for—to reduce the temperature? And they will say, "Yes." Well, you or Professor Wood are wrong. He says it must be given in full or large, antiperiodic doses to have any perceptible effect on the temperature, and I think he is right. Therefore, as quinine is generally prescribed for typhoid, I believe it is all right, but given for the wrong thing. It braces the patient up and keeps the temperature in partial check, but no perceptible change is seen. I do not believe in large doses for typhoid. Why? For this reason: The heart, being weak, it is dangerous, and, as it is somewhat irritating, by stimulating the bowels it is detrimental in irritating the inflamed glands and giving trouble where it could have been avoided.

In pneumonia I do not think the average dose is large enough. Last December I had under my care Mrs. A, a widow lady, who had a very severe attack of pneumonia and came near dying. I found by giving ten- to fifteen-grain doses the circulation had a very marked change, but when smaller doses were given it amounted to but very little. By our promiscuously prescribing quinine, if we will only take the pains to investigate, we will find that the habit is becoming alarming. I know men who are "dead-heads" if their quinine is taken away from them—all brought about by careless prescribing of the family physician.

Quinine, I will grant, is good in almost every case we find, if given with due consideration.

MEDICINE AS A SCIENCE—A FEW SCATTERING THOUGHTS.

By N. B. HALL, M.D.,
COLIMA, GA.

THAT medicine is a science is generally admitted, but very incomplete, and, as used, is too often quite unscientific, as shown by practice, each practitioner having his own notions about the therapeutic value of drugs and modes of administering them, each claiming to be governed by science. It is an obvious fact, however much we may boast of science, that much of our practice is empirical, no matter to what school of medicine we belong.

The profession of medicine, like all other business callings, requires a natural talent for the business. Many young men who are unfortunate enough to have rich parents, and no natural talents for the high and noble calling, are induced to enter the medical profession because of its respectability. Some have natural talents for music, others for mechanics, mathematics, poetry, painting, oratory, or military science. There must be natural

proclivities in order to attain to anything like success. A man having five talents for mechanics and only one for medical science will most certainly fail of success—a good mechanic lost and a very poor doctor gained. Common sense is very necessary to all business, yet many brilliant speakers and voluminous writers are very deficient in that commodity.

They have what is sometimes termed uncommon sense—not practical. While attending lectures in the Charleston, S. C., Medical College, 1845–46, the professor of physiology was wont to use all the technicalities and high-sounding phrases that he could crowd into his lectures, which were frequently more mystical than edifying. One student remarked to another "that he could not comprehend the professor." The other replied, "That is quite natural. You have only common sense, while the professor has the uncommon."

I learned during my college course that the most polished lecturers in the faculty were the most unsuccessful practitioners; they either had too many remedies, or were deficient in common sense or judgment in administering them. Since that time there has been many changes. Many new remedies have been discovered, modes of treatment altered, and some sound and useful progress made in medical science.

Manufacturing chemists and pharmacists have ransacked creation to find something new by way of a curative, each striving to excel his fellows in getting out and offering to the profession something superior to anything that had gone before, claiming to have supplied a long-felt want. The average druggist, to keep pace with the sharp competition in trade, has resorted to adulteration in order to undersell his competitor, until it is almost impossible to obtain an honest tincture or other compound, and when needed in emergency they fail to produce the desired effect, thereby causing unnecessary suffering to the patient and loss of reputation to the doctor.

Again, I am pained to notice the same sharp competition existing among the doctors. Instead of working in unison, trying to build each other up, they seem to be trying to pull each other down. That diabolical spirit of selfishness seems to pervade the whole human family. Even the ministers of the Gospel are not exempt, but many of them are wounded if another's talents and usefulness are spoken of in complimentary terms.

To sum up the whole matter, good judgment and prompt action are necessary to success; less internal drugging and more external applications; good nursing and building up with suitable nourishment. Keep the circulation equalized, and give nature a fair chance to assert her prerogative. Cease to make apothecary shops of weak or diseased stomachs.

Among the valuable preparations that have been offered to the profession during the last decade I might mention Peacock's bromides; lactopeptine; hypophosphites by Fellows, Milne, and others; lithiated hydrangea, Lambert's, as well as the many prepared foods for children and invalids.

Now, in closing this clumsy and hasty communication, I feel that you will be disappointed, and probably consign it to the pile of rubbish that always accumulates in an editor's sanctum, but indulge an old man in his whims.

I accord to each regular practitioner the charity to believe that he has acquainted himself with the specific and therapeutic effects of all remedies he uses, as well as that he has a full knowledge of their toxic effects.

DIAGNOSIS.

By J. W. HERVEY, M.D.,
INDIANAPOLIS, IND.

NO knowledge is more valuable to the physician at the bedside of the sick than to know how to quickly and correctly diagnose his case. Without first determining the character of the abnormal manifestation before him, he can take no sure step in the further discharge of his duty.

In the January number of the BULLETIN, Dr. Lowman, of Orangeburg, S. C., contributes an article on "Direct Dots on Diagnoses." We very much approve the propriety of bringing the practical questions connected with the duties of the general practitioner more frequently before the profession in our medical journals. At the conclusion of his paper, Dr. Lowman asks to have his formula for examining the pulse and his statement of the correctness of the symptomatology tested and reported. This is the true way to get the benefit of united experience and efforts directed toward the accomplishment of the object in view.

The study of the pulse is of the very first importance. The number of deaths that occur from heart-disease makes it the duty of the practitioner to know what the pulse teaches of

this much dreaded malady and its various forms.

My own experience does not justify me in accepting the statement of Dr. Lowman, that "stenosis of the aorta gives a small, quick, soft pulse," but a small, quick, hard pulse, and stenosis of the left ostium venosum of the left side gives a small, quick, soft pulse. This is also the teaching of Rosenstein. It is of the utmost importance that we distinguish between a pulse roused by direct disease of the heart, and a pulse modified by disease remote from the heart and reflected to it. We hope to have these questions discussed by others, and we thank the doctor for bringing so important a question forward.

THERAPEUTIC NOTES.

GUAIACOL.

Guaiacol is a highly refractive, colorless liquid, with an aromatic smell, slightly soluble in water, readily so in alcohol and fixed oils. The statements made by Sommerbrodt and Fraenkel as to the benefits derived from the administration of creasote in phthisis led Sahli to try guaiacol, which has advantages over creasote in that it is of definite composition, and has a less unpleasant taste and odor. Sahli prescribed it thus:—

℞ Guaiacol puriss, . ♏xv to ♏xxx.
Aq. destil., . . ℥vj.
Sp. vin. rect., . . ℥vj.

A teaspoonful to a tablespoonful two to three times a day, after food, in some water.

The solution should be kept in a colored bottle, as exposure to light causes the deposition of a resinous substance.

Sahli likewise administered the guaiacol in cod-liver oil. He found it to improve the appetite, loosen and diminish expectoration, besides ameliorating general discomfort and relieving pain.

Schüller caused his phthisical patients to inhale the vapor of a watery solution of guaiacol, and gave, in addition, extract of guaiacum-wood in pills. He states that his patients improved under this treatment.

Fraentzel (Deutsch. Med. Woch., 1888, No. 7, p. 138) has used guaiacol in more than a dozen cases. He considers it the active constituent of creasote, and recommends the following formula:—

℞ Guaiacol, ... ℥iiiss.
Tr. gent., ... ℥j.
Sp. vin. rect., . . . ℥viij.
Vin. xerici, . . q. s. ad Oj.

One tablespoonful two or three times daily in a wineglassful of water. He strongly advocates its use.

Horner says he has employed guaiacol for four years at the general hospital at Zwickau in the treatment of tuberculosis. He gives it in pills containing about three-fourths of a minim, commencing with one thrice daily after food, and gradually increasing the number of pills to ten in a day. Under this treatment, combined with careful diet and hygienic precautions, he thinks he has seen complete cure of cases of phthisis when not far advanced, an improvement even in those of long standing. In many cases the appetite improves, the bacilli decrease, the cough and fever and expectoration diminish, night-sweats disappear, and the patients improve in strength. In some cases no distinct effect follows, but the drug never produces any untoward results. Most patients take it very well, and only a few object to it.—*Therapeutic Gazette.*

BETA-NAPHTHOL IN ENTERIC FEVER.

Dr. J. M. Clark (Practitioner) used the following mixture in enteric fever:—

℞ Beta-naphthol, . . . ℈j.
Tr. aurant., ... ℥ij.
Syr. limon., ... ℥iv.
Mucil. tragacanth., . . ℥xij.
Aquæ, . . . q. s. ad ℥xxij.
M. Sig.: Eight drachms at a dose.

He concludes that the production of intestinal antisepsis is a rational mode of treatment of enteric fever. Beta-naphthol is a safe, tolerable, efficient agent to this end. It shortens the duration of the disease, and lessens the intensity of the symptoms arising from profound disturbance in the alimentary canal. It diminishes the tendency to splenic enlargement, albuminuria, and secondary complications of purulent infective origin. Complete convalescence is more speedily and satisfactorily attained. The drug sometimes causes marked gastric disturbance.—*Medical Standard*, January, 1889.

[Dr. John V. Shoemaker, at the last meeting of the Section of Practice of Medicine, held at Cincinnati, read a paper on "Beta-naphthol," and called attention to its internal administration. Beta-naphthol again received attention

from the same author in an article read before the Section of Therapeutics, at the annual meeting of the British Medical Association, at Glasgow, in August, 1888. The internal administration of beta-naphthol was alluded to in the latter paper.—EDITOR.]

ALVELOZ FOR CANCER.

Dr. G. W. Padiera, of Rochester, N. Y., reports in the Medical Age four cases of cancer treated by him with alveloz "milk." Three had been apparently entirely cured, the ulcers having completely healed. The remaining one, in which the disease was located in the uterus, had been greatly relieved, but a cure was not expected. In the cases cured the ulcers were in the face. In one the alveloz was thickly spread on lint and so applied, being kept on for eight hours and then replaced by a compress, wet with two parts of arnica tincture to one part of "lead-water." The application of the alveloz was repeated every fourth day. In the two other cases, in which permanent relief appears to have been given, the alveloz was applied every third day and covered by iodoform and collodion mixture. The treatment extended over a period of three months or longer.—*Druggists' Circular.*

COCAINE IN HYDROPHOBIA.

Dr. S. Fubini, of Palermo, has recently reported a case of hydrophobia in which local applications of cocaine gave marked relief to the characteristic spasms of the throat. The spasms of the larynx and pharynx were extremely severe and painful, and the patient, though suffering from burning thirst, could not bear the sight of liquids. Dr. Fubini brushed the pharynx with a one in twenty solution of hydrochlorate of cocaine, with the result that the spasm almost immediately ceased, and the patient was able to drink without the least difficulty. This relief had no effect in checking the progress of the disease, however. It ran its usual fatal course.—*Druggists' Circular.*

CONSTIPATION IN INFANCY.

In cases that do not recover under proper dietary management, Dr. Eustace Smith recommends:—

℞ Tinct. nucis vom., . . . ♏ss.
Tinct. belladonnæ, . . . ♏x.
Infusi sennæ, . . . ♏xx.
Infusi calumbæ, . . ad ℥j.

This may be given thrice a day at first. After a time two doses will be enough, and before long one dose at bed-time. An equally good or better prescription is:—

℞ Tinct. nucis vom., . . . ♏ss.
Ext. cascaræ sagradæ liq., . ♏xx.
Tinct. belladonnæ, . . ♏x.
Inf. calumbæ, . . ad ℥j.

The keynote is the combination of nux vomica with belladonna and some gentle laxative. Dr. Smith also recommends, where the motions are very dry, a saline aperient:—

℞ Quiniæ sulph., . . . gr. ¼.
Acid. sulph. aromat., . . ♏j.
Tinct. nucis vom., . . . ss.
Aquæ, . . . ad ℥j.

For a child of six months.—*Medical Record.*

A PROPHYLACTIC AGAINST DIPHTHERIA.

It is frequently impossible to get young children to use a gargle. Schmidt suggests, in the Pharmaceutishe Centralhalle, that in these cases a lozenge or pastille may frequently be substituted. He gives, for instance, the following formula for an antiseptic prophylactic against diphtheria. Take of—

Boracic acid, . . 40 parts.
Borax, ... 40 "
Citric acid, . . . 25 "
Benzoate of sodium, . 2 "
Oil of thyme, . . 1 part.
Oil of lemon, . . . 3 parts.

Gum arabic, sugar, and gelatin sufficient, together with a little glycerin, and roll out into pastilles or make into lozenges.—*Jour. Am. Med. Assn.*

IMPOTENCE.

℞ Fl. ext. ergotæ, . . . ℥vij.
Acidi phosphorici dil., . . ℥j.

M. Sig.: Teaspoonful three times a day, diluted with water.—PROF. R. MCSHERRY, M.D.

ORCHITIS.

℞ Ammonii muriatis, . . . ℥ij.
Spts. vini rectif., . . . ℥ij.
Aquæ, ... ℥ij.

M. Sig.: Apply constantly to inflamed testicle.—BARTHOLOW.

ANEURISM.

℞ Potassii iodidi, . . . ℥iij.
Syr. tolutani, ... ℥j.
Aquæ, . . . q. s. ad ℥vj.

M. Sig.: Tablespoonful three times a day. Very useful in early stages.—PROF. J. M. DA COSTA.

VARICOSE VEINS.

℞ Ext. ergotæ aquosæ, . . ℥ij.
Alcoholis,
Glycerinæ, . . . āā ℥j.

M. Sig.: Inject a syringeful in the vicinity of the varix.—*Vogt. Berlin.*

AN OINTMENT TO PREVENT CHAPPED HANDS.

It is very desirable, but difficult to accomplish and maintain, for a physician and surgeon to keep his hands well disinfected and at the same time to preserve the elasticity and smoothness of the skin and prevent chapped and "red" hands. Dr. George Meyer contributes a lengthy essay on this subject to the Berlin Klin. Wochenschr. (1889, No. 2), from which we quote:—

"After washing the hands with a soap that lathers liberally, rinsing well with cold water, and drying thoroughly and carefully with a towel, rub the hand, palm and back, with an ointment prepared according to this formula:—

℞ Lanolin., . . . 100.0 parts.
Paraffin. liquid., . . 25.0 "
Vanillin., . . . 0.1 part.
Ol. rosar., . . . gtt. 1.
M. et ft. ungt.

"The vanillin and oil of rose are merely added, of course, to hide the odor or any disinfectants previously applied. For use away from the office the ointment can be carried in collapsible tubes. This treatment of the skin, for face as well as hands, will also be found of advantage by actors, whose skin is early affected by the frequent application of grease-paints" —*New Remedies*.

FOR BARBERS' ITCH, ETC.

℞ Resorcin, ... ℥j.
Glycerin,
Water, ... āā ℥j.
Lac. sulphur, . . . ℥iss.
Cologne, ... ℥ss.
Alcohol, ... ℥iv.—M.

Apply to the affected parts several times a day, using a soft sponge. Bathe the parts every morning in hot water. Ether, half an ounce, to dissolve the sulphur before adding the latter, makes the prescription more pleasant to use.

DIPHTHERIA.

Hoyer (Memorabilien, 1888, 129) defines his views on the nature of diphtheria, and describes his method of treating it. Considering it to be a disease produced by a micro-organism invading a tonsil whose epithelium is lost, he devotes his attention to the preventing of this invasion, or to the destruction of the bacteria which have already attacked the tonsil. For this purpose he paints the tonsil with a solution of thirty parts of gallic acid, sixty parts of distilled water, and ten parts of glycerin. A brush of fine bristles is employed, and considerable pressure exercised against the diphtheritic membrane. He carries out this procedure three times in succession, repeats it every six or eight hours, and continues the treatment until the diphtheritic membrane has disappeared. He prescribes also a gargle of one part of chlorine water and three parts of the distilled water, to be used several times between the applications to the throat. The same mixture is to be injected into the nose in case of malignant diphtheria. Persons who are in attendance upon patients with the disease should also use a gargle of the same nature. The author declares that he cannot say sufficient in praise of gallic acid for the purpose indicated. It renders the putrefactive bacteria innocuous, hinders their growth and increase by its astringent action on the tonsils, protects against their absorption, and by the same action loosens the deposition upon them. It is also entirely uninjurious to the patients.—*Am. Jour. Med. Sci.*

RHUS TOX IN INCONTINENCE OF URINE

is said by Dr. H. L. Glason, in Chicago Medical Times, to be a reliable medicine. He gives several cases of this disease cured with the remedy. In a simple, uncomplicated case the following was prescribed:—

℞ Rhus tox., ... ℥iij.
Glycerin, ... ℥ij.
Water, . . q. s. ad ℥iv.—M.

Teaspoonful four times a day.

Iron was given for the anæmia. The rhus and iron treatment was continued three months. A complete cure was effected.

Rhus tox is also a very valuable medicament in cases when patients (mostly women) complain of the urine scalding the urethra and meatus. It is often a really curative medicament in the severe backache some women are so much tormented with. The usual dose is one to three drops of a good tincture three to six times a day.—*Georgia Eclectic Medical Journal.*

PROFESSORS AND PUPILS AT THE UNIVERSITY.—According to the catalogue of the University of Pennsylvania, just issued, there are one hundred and sixty-nine professors, lecturers, and instructors at the University, an increase of seventeen over last year, and one thousand two hundred and twenty-two students, as compared with one thousand one hundred and eighty-seven in the list of the previous year.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Publisher.
S. C. BERGER, Business Manager.

Philadelphia, April, 1889.

TYPHOID FEVER.

THE people of this city have reason for being alarmed at the reports which have been made lately regarding the prevalence of typhoid fever. At this writing a statement has just appeared in the papers to the effect that in a single school-building in one of the outlying districts twenty-seven of the pupils had been attacked with either typhoid or scarlet fever, and it is currently reported that the liverymen and undertakers never were more busy than at this time, as the people are dying off like flies. One physician is said to have no less than fifty cases of typhoid fever under treatment.

Now, if these statements were true, the situation would be appalling, but, from personal knowledge, the writer is prepared to state that they are not warranted by the facts. In all sections of the country we believe it will be noticed that in the early spring, and in the autumn as well, the deaths occur most frequently among the aged, and that is the real cause of the canard which has been published regarding the locality to which we refer. From the best information at hand we are warranted in saying that typhoid fever does not prevail now to any greater extent than in former years at this season of the year. This observation is made with the understanding that the morbidity is influenced to a certain extent by the condition of the weather, a truth which has been fully demonstrated by Dr. Baker, of Michigan, who has for many years acted as Secretary of the State Board of Health.

The object of the present paper must not be lost sight of, as we desire to indicate certain measures which may be of great benefit to the community by preventing the excessive morbidity from typhoid fever. The disease is all too prevalent in every city, town, and hamlet throughout the country, and if anything can be accomplished in the way of diminishing its victims an important point will have been gained.

The city of Munich furnishes the best example of the means to be adopted for the purpose of controlling the disease, and the figures are so convincing that no physician can afford to dismiss the matter without a careful consideration. The information we are about to present is simply the records furnished by the hospitals, and does not cover the deaths, but simply the number of cases which came under treatment for a period of sixteen years. During the first half of this period the drainage of the city was very imperfect, but at the end of 1880 a more thorough system of sewerage was completed, and was followed by a marked decrease of the number of typhoid cases presenting themselves for treatment. The contrast was so great that Professor von Pettenkofer set about to ferret out the circumstances, and as soon as his report was published Professor von Zeimssen took the matter up with a view to determine where these people had lived to cause such a large number of cases of the deadly malady.

These investigations developed the fact that for the most part the hospital cases of typhoid had their origin among those people living in the neighborhood of defective sewers. The disgraceful condition of the underground drainage was further delineated for the benefit of the authorities by means of colored maps, showing the infected districts, and these sections followed the line of the sewers.

Now for the statistics. For the eight years ending 1880 the average number of cases treated in the hospitals of Munich was five hundred and eighty-eight; but during the latter year the new system of drainage was completed and the mortality dropped from four hundred and ninety-two in 1880 to ninety-nine in 1881, and for the eight years beginning with 1881 the average number of cases was but one hundred and five annually, or a trifle more than one-sixth of that which had resulted in previous years.

The foregoing statistics are sufficient to set

our sanitarians at work for the purpose of discovering the best means of remedying the defective system of sewerage which may be found in nearly all the larger cities, Philadelphia not excepted. Many of them have exceeded the proportions originally mapped out for them by their founders, and in this respect most of them will be found deficient. Let the authorities take the matter in hand.

TABLET TRITURATES.

TABLET triturates are medicinal preparations made after the formula recommended by Dr. Robert M. Fuller several years ago, and within the past few years their use has so largely increased that the subject is worthy of editorial mention. Few remedial agents in the shape of drugs are not susceptible of administration by this method, but for the most part they are regarded as especially valuable when it is desired to exhibit the alkaloids, or, in fact, any of the stronger preparations, in small and frequently repeated doses. The writer speaks from experience when he says that they are far preferable to the old methods of medication, and not the least desirable feature is their cheapness. Manufactured in large quantities by machinery, they are as near as possible correct in the amount of the remedy contained, and, being ready-made, no delay occurs in supplying our patients with them.

The cheapness of these preparations, however, is not their most attractive feature, but rather their reliability, and those who have not yet investigated their application should not hesitate longer, as the physician who attempts to decry them will soon find that he is falling behind in the race.

The public who take our drugs have had an inkling of the possibility of palatable medication, and this plan appears to cover all the defects of the older methods to such an extent that it would be a work of supererogation to insist upon this point.

In the course of a communication to the Medical Register, Dr. Ephraim Cutter speaks very highly of the use of tablet triturates, from which we take the liberty of quoting the following:—

"Perhaps the value of this form of administration is not more apparent than in the case of capsicum. The late Prof. E. H. Clark, of Boston, said that an eminently successful friend of his, while dying, expressed a wish to leave behind a medical legacy acquired by his life-long experience and his best parting gift. He said, 'Capsicum is the best remedy for uterine hemorrhages.' The difficulty of administering it has stood in the way of its use, but the one-half grain tablets seem to meet perfectly every requisite, as I have found from experience. Hydrarg. biniodide, one-sixteenth grain, is an admirable hepatic. It can be given for months with impunity. I have known one tablet to be followed by a reduction of hepatic dullness on percussion and with no catharsis."

Other remedies might be mentioned which are frequently called for in the daily rounds of professional life, suited to the demands of our patients suffering from the different affections; but one of the most desirable things about them is, that they can be administered readily to children, and when the physician enters the house he can feel that he is fully equipped for almost any emergency by simply drawing on his small pocket-case containing, perhaps, not more than a dozen small vials. Thus atropine in doses of one two-hundredth grain will occasionally be useful, and in the case of poisoning from opium, when the amount taken is unknown, this dose can be safely repeated until the physiological effects are observed; for the relief of spasmodic asthma nothing is more serviceable than small doses of nitro-glycerin, say tablets containing one two-hundredth grain of the crude drug. In the case of certain kinds of heart failure, and in opium narcosis, this remedy may be used with decided and immediate benefit. Calomel in tablets of one-twentieth grain can be given to children, and even to adults, without producing disagreeable effects and with the very best results. No physician should attempt to "keep house" without them. Pilocarpine hydrochlorate in tablets of one-fiftieth grain, given at intervals of an hour, will produce a profuse flow of saliva in the course of a few hours, and if longer continued the physiological action upon the skin will be secured; with this remedy, however, we should be sure of the condition of the heart, as pilocarpine is known to have a depressing effect.

Each physician will select those remedies with which he is most familiar, and the subject will receive more attention when its value is better understood.

THE PARLOR STOVE.

THE story is told of a certain recent arrival from the Emerald Isle that he was perfectly dumfounded by the American staple for the supply of heat and exclaimed when he first saw the stove, "Begorra, this is a queer country, where they put their fire into a chist and close the lid." For generations the parlor stove, the kitchen stove, the sitting-room stove, and the bedroom stove have been considered necessary articles of furniture, although they are now somewhat out of fashion. It remained, however, for an enterprising Frenchman, Dr. Lancereaux, to discover that these apparently harmless and useful objects were undermining our health and shortening our lives. The author of this theory has recently contributed an article upon the subject to the Academy of Medicine, and has created no small sensation by the announcement that the use of a stove for heating rooms is attended with most disastrous results; that whoever may be long subject to this influence will be liable to suffer from acute or chronic blood-poisoning, and generally the health becomes undermined, leaving the person more susceptible to deleterious or disease-laden waves.

The injurious effects of the stove are due to the escape of the oxide of carbon, and it is said that not alone the room in which the stove is situated will suffer this contamination of its contained air, but those which may adjoin it, or others situated either above or below. The observations of Dr. Lancereaux have been fully confirmed by MM. Brouardel and Gautier, the latter being the eminent chemist. A very small portion of the oxide of carbon is said to have a decided effect upon the blood, reducing the oxyhæmaglobin, thus destroying its nutritive qualities, a fact which may be demonstrated by means of the spectroscope. Accidents due to this cause are not uncommon in the French capital, and every year cases are brought to the Morgue where the truth of these statements is capable of proof. The ordinary bed-warmer, in which charcoal is used, thus becomes a dangerous instrument in the hands of unskilled nurses, who cannot be made to understand the need for caution in its use. The same rule applies to the use of charcoal for the purpose of heating cabs, and probably the same is true where street-cars are heated in this manner.

It should be mentioned, however, that on this side of the Atlantic no such serious dangers are apprehended, as the general intelligence of those who are brought up in this country is such that they cannot fail to understand the necessity for providing against accidents of the kind. It should be the practice of every physician, as he enters the sick-room, to take a sniff of the atmosphere, and if not of such purity as the best interests of the patient demand, measures must be adopted immediately for the purpose of enabling the sick man to get pure air and plenty of it, as that is the doctor's best ally in the cure of disease.

DOSIMETRY.

PALATABLE medication is a desideratum; dosimetry, it is claimed, supplies the demand. Even more than this is claimed for it because of the character of the medicaments which are used. The method of dosimetry, as inaugurated by Dr. Burggraeve more than twenty years ago, consists in the administration of the alkaloids alone; the different alkaloids are prepared separately, but they are not exhibited singly. No rules have been formulated as to the combinations which are best suited to the different cases, except as decided by the physician in attendance. The plan of the dosimetrists includes the emergency as well as the cause of the disease, but these two lines of treatment are conducted from different therapeutic stand-points.

It differs essentially from that laid down by Hahnemann, which required that the medicament should correspond with what he termed the totality of symptoms. The dosimetric division includes the dominant and the variant treatment, and the patient is expected to take medicine one hour for the main affection, while the next hour he takes it for the variations. Sometimes but a single remedy is

required, one milligramme three times daily; at other times the disease requires that three or four of the granules should be taken as often as every fifteen minutes, and to an outsider the scheme appears to be quite complicated, although those who have been induced to adopt it assure us that nothing is superior, and that they would be reluctant to relinquish a method so promising.

After all is said for these different and special branches, we cannot admit that any of them affect the main trunk of the tree, which is gradually gaining strength and beauty, ere long to be rounded out to maturity. No science could be expected in these days of speculation to attain the momentum that has attended the progress of medicine without permitting a limited number of molecules to fly off at a tangent, but in the course of time these aberrant infinitesimals will as certainly return to the parent stock as the dial points to noonday when the sun hath reached its zenith.

SALOL FOR CHOLERA.

AT a late meeting of the Academy of Medicine, Paris, M. Loewenthal offered a paper covering some experiments which he had undertaken with a view to establish the value of the new remedy, salol, for the treatment of cholera. The investigations had been confined to animals, and Professor Cornil, who read the paper, remarked that it would best serve our interests if a conservative view of the matter was taken. He intimated that the inoculation of cholera was less readily accomplished than that of tuberculosis or anthrax, and until such time as the theory had been tried upon man it would not be advisable to depend upon it.

Salol has already been exhibited with considerable success, and promises to become an important addition to our therapeutic resources, and M. Loewenthal is to be congratulated for the interest he has taken for the purpose of bringing the subject to the attention of the profession.

JOURNAL OF THE RESPIRATORY ORGANS, edited by Dr. J. Mount Bleyer and issued at New York, has made its second appearance, and presents evidences of ability.

CORRESPONDENCE.

FOR THE REMOVAL OF STAINS.

Editor Medical Bulletin:—

DEAR SIR: For the benefit of the medical profession, and especially those who have had and may have the misfortune to get their hands or face stained or discolored from the use of lunar caustic (which few escape), I wish to suggest a remedy. None has so far been found excepting the poisonous solution of cyanide potassium, but the following is innocent of harm and will remove any and all stains made by nitrate of silver in from five to fifteen minutes from the body, and not only from the body, but from your linen, and is as follows:—

℞ Potassii iodidi, . . . f℥j.
Aquæ, ... f℥ij.
M. et fl. solution.

This is simply a saturated solution. Apply to the discolored spots and rub until they disappear. For the removal from linen, apply and let it lie over night; then have it washed and the stain will be removed. H. GAREY, M.D.
BERLIN, PA.

THE TREATMENT OF DIPHTHERIA.

Editor Medical Bulletin:—

In the BULLETIN for February I notice an article, entitled "Treatment of Diphtheria," containing some statements which seem to me inexact and misleading.

The writer says: "My treatment, if seen early, is to swab the throat with a solution of hydrarg. bichloridi, tincturæ ferri and potassii chlorate. I use this as a wash, with no constitutional treatment." The inquiry at once suggests itself: What strength are these solutions and how frequently repeated? The writer's method of treatment possesses all the more interest when we are informed that with the use of these remedies he has "not lost a case of diphtheria for the past five years, and all were treated almost entirely locally." We are also informed that only in "one instance did the second member of the family take the disease" where the local treatment was resorted to.

If the writer had stated the whole number of cases treated so successfully during the past five years it would be of much value from a statistical as well as a practical point of view. These are efficient and time-honored remedies, and a more detailed statement of the writer's exact manner of using them with such brilliant results would make his article much more valuable.

The following paragraph, to my mind, also seems obscure:—

"Unless my patient is not seen in the first stage of the disease, I take as much hydrarg. bichloridi as will lie on the point of a small penknife, put it in half a tumbler of water, with two drachms of iron tincture and half a drachm of chlorate potash."

He does not inform us whether this is to be taken at one dose or in divided doses.

The closing sentence seems somewhat remarkable. He says: "I cured a case of diphtheritic croup, not long since, by putting my swab in the top of the trachea, when all who had seen the child said it would die." Does the author wish us to understand that he passed his swab beyond the epiglottis, on through the larynx, till he reached the "top of the trachea"? If he did so, he is to be congratulated on possessing much delicacy of manipulation. With restless, nervous, fretful children it would appear to be a difficult feat to reach the trachea. He does not tell us with what he medicates his swab, but it may, perhaps, be inferred to be the solution of bichloride, iron, and potash, which he recommends for use in the throat. If such good results can be reached in the treatment of this appallingly fatal disease, the author should be more specific in the statement of his method.

IRA K. GARDNER.

NEW HAMPTON, IOWA.

AN EXTRA ANUS (?).

Editor Medical Bulletin:—

I have a record of an operation performed in 1873 that may be of interest to your many readers, as it was to me:—

Mr. J. W., aged thirty-five years, a native of Canada, applied for relief from an extra anus. One was natural and in its normal place and the other was extra, and was very annoying and troublesome to himself and friends. He avoided company as much as possible, for he had no control over the extra one, as that had no sphincter, and the gas and fæces passed out unknown to him until the odor proclaimed the accident.

At the preliminary examination I passed a flexible exploring instrument, and found it entered the rectum above the internal sphincter muscle. Unless he kept a compress over the opening, whatever came along that way a portion of it passed out.

I had my patient prepared for the operation by giving him a brisk cathartic. After that I operated. Ordered his bowels washed out with a large injection of tepid water; then kept them quiet with opiate suppositories. Patient etherized and placed on his back, with legs flexed and held back. I introduced a flexible director into the abnormal anus to the rectum. Began the operation by cutting from one inch above the opening to the same distance below, then dissected around the passage to the rectum. Applied a ligature close to the rectum, letting the ends hang outside. Closed the external wound with four sutures to keep the parts in perfect apposition. Dressed the wound with carbolized cotton and adhesive strips. To prevent motion, tied his knees together and put a bandage from his knees to the crest of the ilium. Kept him in that condition for eight days and without a motion from his bowels.

On the eighth day removed the bandage and part of the sutures. Wound nearly healed by first intention. Gave enema and got a good evacuation from the bowels. On the twelfth day the rest of the sutures and ligature came away. Kept him quiet a week longer, when the wound was fully healed, and in one week more he resumed work and has had no trouble since. For fifteen years he has enjoyed the society of the ladies and friends without being objectionable to their olfactory organs. T. H. CURRIE, M.D.

LEBANON, N. H.

MEDICAL NEWS AND MISCELLANY.

THE DOCTOR AND THE OWL,

BY A. FOWLE.

To rhyme I am not given,
But sometimes I feel driven
To express plain facts in a poetic way.
If you're not o'errun with patients,
And have good stock of patience,
Pray listen, for a moment, to my lay.

At a place called "Quackem Centre"
Years ago there lived a doctor,
A recent arrival in the town,
Who was fresh from a city college,
Where they cram heads full of knowledge,
And would sell a diploma to a clown.

He had bought himself a stethoscope,
As well as many other scopes,
Of drugs and bottles many score.
But despite his great endeavors,
To purge and bleed his neighbors,
No patient ever knocked upon his door.

One day, while he was driving,
At a furious rate, thus striving
To convey to all that he was greatly driven,
He prayed, both long and fervent,
That the Lord would hear His servant,
And send at least one victim to his door.

"My voice, O Lord! consent to hear,
Thou know'st my wish, I greatly fear,
Before my tongue on Thee can call;
But I must ask, if I'd receive,
So Thou hast taught and I believe,
That which my heart desireth above all.

"It is a patient, Lord, I want,
Do Thou this boon in kindness grant;
At least give one or two;
But let that one be such a fellow,
That others after him shall follow,
As sheep their leader do."

A hoot-owl sat in a neighboring tree,
Such a jolly old bird you seldom see,
And I trust you never may.
He had been to a wake the night before,
A coon had died who lived next door,
And he'd been asleep all day.

The horse, unguided, ran into this tree,
Disturbing the doctor's reverie,
And rudely waking the owl,
Who, blinking around with a solemn stare,
Unseen and not seeing anywhere,
Uttered his doleful howl.

"Whoo! whoo! whoo!" the owl cried out;
The doctor dared not look about,
For he thought the Lord was there.
He was frightened so he could not speak,
His heart fluttered fast and his courage was weak,
In fact, he'd a terrible scare.

Then, startled again by the terrible sound,
That seemed to be in the air all around,
He gathered courage to say,
In tones so faint and very weak,
That one could scarcely hear him speak—
"Most any one, Lord, that can pay."

But, in spite of the doctor's modest request,
No patients appeared to disturb his rest,
Not even an urgency case.
But the doctor dreamed a dream that night
Which illumined his dark despair with delight,
Giving a clue to Fortune's maze.

He saw, as it were, in a vision true,
Witches, a caldron, fire, herbs, and a stew,
Which seemed to seethe and hiss.
And as the witches danced and flew
Around this boiling, bubbling brew,
He heard a song like this.

"If you would take the people's tin,
You first must take the people in,
Cater to cultivate credulity;
The road to sure success is plain,
If you will get aboard the train,
You'll get there with celerity.

"'Tis not the merits of the goods you sell,
'Tis he who cries them with the loudest yell
That takes the gold.
If you would rise, you first must advertise,
Some truths must tell and a few lies.
Well told's half sold."

The doctor was not slow to take these clues,
And now he owns an iron pot and tonics brews.
They taste like beer.
He signs himself, "I'm yours for health,"
And rolls in luxury and wealth;
The moral's very clear.

If you would sail along the shore of gold,
Your pockets full and plenty in the hold,
Sail with the wind.
Floating on the tide of popular credulity,
You'll reach the port of a handsome annuity,
At last you'll find.

DR. W. S. FORBES has removed to 1704 Walnut Street, Philadelphia.

DR. ELWOOD HARVEY died at his home in Chester, March 3d, after a short illness from pneumonia, aged sixty-two years.

PASTEUR'S DIPHTHERIA DISCOVERY.—A cablegram from Paris states that M. Pasteur is confident of the efficacy of his diphtheria discovery.

A BOSTON physician says that there is no more nourishment in alcoholics than there is in fire or lightning, and that they are just as sure to produce death as either, though in a different way.

LIABILITY OF PARENTS FOR CHILDREN OVER AGE.—An English judge has recently decided that a parent who calls a physician to see a child over age (of age) is not liable for the doctor's bill.

THE LOMB PRIZE.—A prize of five hundred dollars was awarded to Mrs. J. J. Abel, an American woman, now studying in Strasburg, Germany. Mrs. Abel is the wife of a physician, formerly a student in the University of Michigan.

PUZZLED.—Old Washington resident (to new-comer).—"No, de Chinese Minister doan live dah; yudder side dat house." New-comer.—"Well, dat's er mighty fine house. I kyarn see how er man kin make 'nuff money washin' an' i'nin' to bill such er fine one."—*Harper's Weekly.*

PRIZE AWARDED.—The gold medal of the Philadelphia School of Anatomy, for the best examination in anatomy, has been awarded by the judges of the examination to Julius Trester Vissel, of Pennsylvania, a student at the Medico-Chirurgical College.

UNIVERSITY OF PENNSYLVANIA.—In the Medical Department Dr. De Forrest Willard has been elected Professor of Orthopædic Surgery; Dr. George A. Piersol, Professor of Histology and Embryology, and Prof. Samuel G. Dixon, Professor of Hygiene.

DR. J. C. DALTON DEAD.—Dr. J. C. Dalton, President of the New York College of Physicians and Surgeons, died at his home, in New York, February 12th, of disease of the kidneys. Dr. Dalton was a native of Chelmsford, Mass., and a Harvard graduate of the class of 1844.

THE State Board of Health has just issued a series of circulars relating to the need for our citizens adopting all desirable precautions for preventing the spread of contagious diseases, including diphtheria, typhoid fever, scarlet fever, and other diseases.

A SURGEON TO ATTEND FIRES.—Dr. William H. Green, of 203 South Fifteenth Street, Philadelphia, has been appointed by Director Stokley to be an assistant to Dr. Andrews, Chief Surgeon of the Bureau of Police and Fire. His duty will be to attend all fires and to care for any injured until the arrival of an ambulance.

THE MICROBE OF YELLOW FEVER.—A press dispatch from Chattanooga announces that the microbe of yellow fever has been definitely isolated in an examination of the liver and kidneys taken from yellow-fever patients. Dr. James E. Reeves, who claims to have made this important discovery, has been requested to give an exhibition of his methods of demonstration at the Johns Hopkins University.

THE MERCANTILE LIBRARY.—The Mercantile Library of this city, located on Tenth Street above Chestnut, is one of the old landmarks, and is largely patronized by the reading classes. Here will be found most of the daily papers published, as well as the leading weeklies. It is a sight worth seeing any day.

APPROPRIATIONS FOR CHARITIES IN PENNSYLVANIA.—The House Appropriations Committee of the Pennsylvania Legislature reported favorably on the following: The Medico-Chirurgical Hospital, $50,000; Polyclinic College, $20,000; Gynecological Hospital, $25,000; Orthopædic, $10,000; Hospital of Jefferson Medical College, $20,000.

MESSRS. JOHNSON & JOHNSON, of New York, announce that they have discovered a new base for ointments, which they have named oleite. The peculiar properties are that it may be prepared with cold water, and serves better than any other for the purpose of securing the effect of the drug with which it is combined when desired to penetrate the underlying tissues.

THE PHILADELPHIA CLINICAL SOCIETY.—At the annual meeting in January the following officers were elected: President, Dr. Marie B. Werner; First Vice-President, Dr. Amy S. Barton; Second Vice-President, Dr. Rebecca Fleisher; Treasurer, Dr. L. Brewer Hall; Corresponding Secretary, Dr. Emily Waterman-Wyeth; Recording Secretary, Dr. Mary Willets.

DR. D. W. BLISS.—Dr. D. W. Bliss, who attended President Garfield during his last illness, died last month at his home in Washington, D. C. He was born at Auburn, New York, in 1825, and entered the army at the outbreak of the Civil War as a surgeon of the Third Michigan Regiment. When Garfield was shot by Guiteau Dr. Bliss was the first physician to arrive at his side.

E. B. TREAT, of New York, the well-known publisher, has issued a handsome and convenient calendar, which he has appropriately named "The Don't Forget Calendar." It is arranged with spaces for memoranda under each date, and the six cards which comprise the entire twelve months may be turned over from month to month, thus forming a complete record of important events.

PURE DRUG EXHIBIT.—During the past month there was held at the College of Pharmacy, of this city, an exhibit called the Pure Drug Exhibition, which was intended to represent pure drugs as well as the great improvements which had taken place in the preparation of medicines of every description. The exhibition was well attended, and showed a marked change from that which had been in vogue ten or twenty years ago.

END OF THE HONEYMOON.—Young Wife.—"How the world moves! There's Bessie Gray, an old chum of mine, a graduate of the Normal School, has just entered a medical college. She will soon be able to write M.D. after her name. Women are coming to the front, I tell you. Formerly girls were taught nothing but housekeeping." Young Husband.—"Yes, and now they're taught everything but housekeeping."—*Boston Courier.*

THE abuse of opium and its derivatives is a subject attracting the attention of medical men, and the State of Indiana has passed a law governing the renewal of prescriptions containing the same. This is a wise step, and the action of the Indiana Legislature is commended to the consideration of the authorities in other States. Much suffering will be saved, as well as money, and the hardships which attend upon the opium habit will probably be thus materially lessened.

DR. HAL. C. WYMAN, a member of the State Board of Charities, of Detroit, Michigan, during a visit to Philadelphia, last month, delivered by invitation a lecture before the students of the Medico-Chirurgical College. Dr. Wyman, who enjoys a large surgical practice, selected for the subject of his remarks hernia, and during the hour devoted to the lecture interested the class with practical suggestions upon this interesting branch of surgery.

IN Philadelphia the average number of persons living on an acre of ground is only thirteen; the number of dwellings per acre is two and one-half, and the number of persons per dwelling is six. In New York the number of persons on each acre of space is fifty-two; the number of dwellings per acre, four; and the number of persons per dwelling, eighteen. Is it any wonder, under these circumstances, that people live longer in Philadelphia than in New York? or that they are happier while they live?

THE NORRISTOWN HOSPITAL.—The total number of patients, according to the last monthly report, is eight hundred and seventy-five male and eight hundred and thirty-one female, this number not including seventy on parole. During the month of February eighteen patients died. Dr. Chase reported that erysipelas had again appeared in the male department, a fact which he ascribes to the overcrowded condition of the hospital.

For a month past the hospital has been without a first assistant female physician, Dr. Harriet M. Lewis having resigned on February 1st. The Secretary of the Board of Trustees was instructed to advertise for applicants for the vacant position.

A GEORGIA physician writes that the solution used in the hand-grenades now offered so extensively for sale is easily and cheaply made by taking twenty pounds of common salt, ten pounds of sal ammoniac (muriate of ammonia, to be had of any druggist), and dissolving in seven gallons of water. When dissolved it can be bottled and kept in each room in the house. In case of a fire one or two bottles should be thrown with force into the burning place, hard enough to break them, and the fire will certainly be extinguished.

DATA IN TYPHOID CASES.—At a meeting of the Managers of the Germantown Hospital, William H. Haines, the delegate to the coming Hospital Convention in this city, was instructed to make a proposition to have all the hospitals adopt a regular blank for typhoid fever cases. This blank or form is to make note of the situation of the houses, water supply, sewage, and milk supply. The idea is to gather data from which, if possible, to trace the cause and source of the disease.

A SERIOUS CASE.—Old Doctor (called in for consultation)—"Tut, tut! You'll worry yourself sicker than your patient if you're not careful. Don't be so anxious. It isn't good for your health." Young Doctor—"But isn't my patient dangerously ill?" "He is. I told you three months ago you could only prolong his life; he can't be cured." "My, my! Oh, my!" "Goodness me! The idea of a doctor allowing himself to worry that way over one case." "Ah! but he's my only case. When he dies I'll starve."

DR. WILLIAM J. FLEMING'S DEATH.—Dr. William J. Fleming died March 3d, at his residence on Logan Square, Philadelphia. He was a son of Joseph Fleming, of Fairmount. He graduated from the University of Pennsylvania in 1852, and traveled over Europe, studying in the European hospitals. He began practicing medicine on his return, and located his office on Logan Square. He accepted a commission as surgeon in the army during the Rebellion. At the close of the war he resumed practice, and continued the same until his death.

HYSTERICAL PARALYSIS.—The Camden physicians are excited over a case which is termed hysterical paralysis, occurring in a man who has lately been convicted in that city. Pins have been thrust into his flesh, and strong currents from a battery have been applied to his legs, but without awakening any response. It is believed that he really is suffering from paralysis of the lower limbs, but the physicians are of the opinion that much of his bravery is put on for the purpose of misleading them.

THE DANGERS OF SUMMER HOTELS.—Last summer a party of ten persons stopped at a hotel at French Point, Lake George, and shortly after leaving a number of them were taken sick. At the time of writing no less than four out of the ten, all living in different parts of the country, had died after a few weeks' illness. Physicians cannot be too careful in suggesting a location for their patients during the summer holidays. They may unwittingly send them to a badly constructed hotel to discover, when too late, that they have contracted typhoid fever.

RECEIPTS FROM THE CHARITY BALL OF PHILADELPHIA.—At a meeting of the Executive Committee of the Charity Ball it was found that the net proceeds had been so increased over previous years as to enable the distribution of eight thousand dollars. Accordingly, two thousand dollars will be given to each of the following: The Free Library of the City Institute, at Eighteenth and Chestnut Streets; the Free Library of the University of Pennsylvania, in West Philadelphia; the Medico-Chirurgical Hospital, at Eighteenth and Cherry Streets, and the convalescent branch of the Children's Hospital, at Bala Station.

THE WOMELSDORF EPIDEMIC.—In the central part of this State, not far from Reading, an unusual epidemic has occurred among the children; they go into trance-like conditions and play queer antics, which they say afterward they are unable to help, but during the intervals they seem to be perfectly rational, except the depression which would naturally follow upon derangements of the nervous system, and consequent lack of proper digestion. Some time ago a similar affection took place among the children in the Soldiers' Orphan Schools, and it was suggested that much of the trouble was due to the lack of suitable food, but that charge cannot be brought against the children up in Berks County.

A FEW days ago, during the severe storm in New York, a horse encountered a broken electric light wire carrying a charge of electricity and was instantly killed. It was only by chance that a like fate did not befall the animal's driver, and yet, although danger from such wires constantly threatens everybody, those who own the wires continue to show an indifference in the matter that is little short of criminal. The use of electricity, both as an illuminant and as a motive power, is rapidly increasing, and, at the same time, there is a corresponding increase of danger from overhead wires. In this age of invention and of widening knowledge it is absurd to argue that the present primitive plan of wire stretching cannot be improved upon.

TREATMENT OF LOCOMOTOR ATAXIA BY SUSPENSION.—In the service of Motchokowsky, of Odessa, an ataxic patient was suspended for the application of a plaster-jacket on account of

scoliosis. This was followed by a singular improvement in the ataxia and pains. Other cases of ataxia were suspended with like amelioration. Charcot has recently investigated this singular mode of treatment, and has now declared that in many cases great improvement is obtained therefrom. Possibly the elevation of the spinal nerve-roots, caused by the suspension, improves the circulation of the cord and so institutes the beneficial change. The suspension ought to be for one or two minutes and once or twice a week only in the beginning.—*Journal de Médicine.*

Artificial Lungs.—Professor Poe, of Bridgeport, Conn., has invented an artificial pair of lungs, which he uses in restoring life in cases of drowning and asphyxiation. He is experimenting on a pet rabbit, and has already drowned it and restored it to life eleven times. The rabbit has also been suffocated by the fumes of burning charcoal until all signs of life were extinct. The Professor then attached his patent bellows to the animal's mouth and forced oxygen into the lungs. The returning suction drew out the deadly gases and the artificial respiration produced a muscular contraction and expansion of the lungs until life was restored. Professor Poe claims that his invention will save human beings as well as rabbits.—*New York Telegram.*

Diphtheria from the Bite of a Patient.—Dr. Williams, of Mount Carmel, Northumberland County, is suffering from a very strange and serious injury, and one that may prove to be fatal. One of his patients was a little girl suffering with diphtheria. The case was a very malignant one, and the Doctor in his examination was compelled to thrust his finger down the little one's throat. No sooner had he gotten the finger in the child's mouth than down came its little teeth and the Doctor received a good, hard bite. Nothing was thought of it at first, but it was not long until the hand began to swell and became very painful. Every effort was made to check it, but without avail, and the swelling extending to his arm, he was compelled to take to his bed, where he lies now in a very precarious condition.

Homœopaths Object.—The Homœopathic doctors of this city have declared themselves in opposition to the bill now pending in the Legislature providing for a State Board of Medical Examiners. At a meeting of the Homœopathic Medical Society on Thursday night a series of resolutions were adopted, protesting against the passage of the bill on the general grounds that it is not demanded by the people; because its object could be better secured by suspension of medical colleges; because the nomination of a Board of Directors is placed in the hands of a minority of the physicians of the State; because the ratio of representatives on the Board is indefinite, and, finally, because the homœopaths have had no opportunity to appear before the legislative committee and present their views of the matter.

Necessity of Meat and Milk Inspection to Protect Human Health.—Dr. George C. Strawbridge addressed the College of Physicians last month on the subject of "Tuberculosis in Cattle," aiming to show the wide prevalence of the disease, its infectious nature, and the great danger which exists of the disease being transmitted to man in meat eaten and milk drunk. Dr. Strawbridge concluded that 31¼ per cent. at least of all cattle killed in Philadelphia had tubercular disease. He said that in Philadelphia, with the exception of an insufficient inspection of milk, the whole matter is utterly disregarded. In conclusion, a resolution was offered as coming from the College of Physicians, recommending legislation to secure healthy beef and milk. To this end the methods suggested were to examine cattle for slaughter, both while alive and in the process of slaughter, and to examine milch cows as well as the milk itself prior to sale.

Quinine in the Early Stage of Croup.—The story is told of an old practitioner who was exceptionally successful in the treatment of this malady (croup), and people who heard of his wonderful success traveled long distances to purchase the magic pills, which, it is said, were nothing more than ordinary two-grain quinine pills. In the early stages of croup, say in a child from two to five years of age, a single two-grain quinine pill, given when it is gasping for breath at about two o'clock in the morning, will be followed almost immediately by relief. In the course of fifteen minutes the voice will return, the parents will be relieved of their anxiety, and the doctor can go home and rest contented that there will be no more trouble in that family for the next twenty-four hours.—*Med. Reg.; Journ. Am. Med. Assoc.*

Women as Wardens.—Hereafter all male officials are to be rigorously excluded from the Women's Department of the County Prison, and the murderesses, thieves, and other unfortunates who are lodged there are to enjoy the privilege of the ministrations of their own sex. There will be female porters, female watchers, female turnkeys, and female physicians, and not unless a violent outbreak shall occur will man's strong arm be called into service.

The Hospital for the Insane, at Norristown, has employed a similar method in its Women's Department for some time, and its success was what instigated the women visitors of the Board of Charities to urge its adoption at Moyamensing. The system of employing matrons at the station-

houses is generally commended, and the Prison Inspectors took hold of the proposition enthusiastically.

A Bungling Chemist's Discovery.—In the course of conversation at Cornell University, Edward Atkinson, the Boston economist, stated that a New England genius has recently discovered a cheap method of dissolving zinc by combining it with hydrogen and producing a solution called zinc-water. This liquid, if applied to certain woods, notably white wood, makes it absolutely fire-proof and at a low cost. Mr. Atkinson regards this discovery one of the most important of the age, and one that will surely revolutionize fire insurance, as well as immensely decrease the loss by fire. The invention is kept secret for the present. Only one foreigner—Sir Lyon Playfair, the English scientist—knows of it. He corroborates all that is claimed for the invention, and says that the inventor is a bungling chemist, but that he has a faculty of blundering into the choicest secrets in nature's laboratory. As soon as patents are perfected and capital interested, zinc-water will become an article of commerce.

Drexel Industrial College.—In a modest and quiet way, yesterday, the first meeting was held of the ladies and gentlemen invited to manage the "Drexel Industrial College for Women." The meeting was mainly for preliminary organization. This college is likely to become one of the most useful and valuable in our country. There are many industrial training schools for boys, and but few of the kind of which this one is to be a type for girls. It is intended to furnish to girls who need such aid the benefits of a good and serviceable school education, together with the practical help of training in trades and occupations that will enable them to work with intelligence and advantage in the effort to earn their livelihood. The purpose is most thoughtful and benevolent, and the working of it out and the support of the institution being in the strong and manly hands of Mr. A. J. Drexel, the founder, are likely to be characterized by the vigor, generosity, and success with which his work is usually done.—*Ex.*

Editorial Change.—The retirement from the field of journalism of one of the most competent editorial managers, and one of our best writers, Professor Mulheron, of Detroit, Michigan, so long and favorably known as the editor of the Medical Age, is sincerely to be regretted. Although discontinuing his editorial labors, which have lately become somewhat burdensome, it is largely for the purpose of giving more of his time to teaching in the Michigan College of Medicine and Surgery, and at the same time he will have the opportunity of continuing in practice, but we trust, for the benefit of the medical profession of this country, that his pen will not be permitted to remain idle. Whoever has watched the course of the Medical Age, and that of its predecessor, the Michigan Medical News, will not hesitate to say that the influence of Professor Mulheron has been exerted for the best interests of the profession, and that his work has been of such a nature that these journals have left an impression that will be felt in the years to come.

Glycerin as a Surgical Dressing.—Dr. Chas. E. S. Flemming, in a paper read before the Bath and Bristol Branch of the British Medical Association, advocates glycerin as a surgical dressing. He uses it in the form of glycerin of starch, B. P., with some antiseptic dissolved in it. "The starch," he says, "added for convenience of applying the glycerin, in addition forms a non-irritating surface to apply to the wound and is a mechanical protection. It is most conveniently applied thickly spread on one or more layers of Gamgee tissue or some absorbent wool. This application is not irritating, is antiseptic, and is removed with the greatest of ease from any wounded surface. As glycerin is freely miscible with the discharges, it is quite absorbent. The discharge, in passing into and through the dressing, becomes mixed with the glycerin, and as this does not evaporate it is thus prevented from becoming caked, or hard and dry. The glycerin, itself hygroscopic, does not usurp the place of the discharge nor prevent the free escape of the watery vapors. Such a dressing after several days will be found moist, soft, flexible, and easily removed."

The Physical Basis of Brain Work.—Can we hold that the connection is a purely accidental one between the tireless physical vigor and bull-dog tenacity of life and purpose of the English race, and the fact of their tongue being the language of millions upon millions and bidding fair to become the universal thought-medium; their empire, upon which the sun never sets; the priceless services they have rendered to the cause of civil and religious liberty, and the intellectual influence represented by such names as Pitt and Gladstone, Carlyle and Bacon, Wesley and Spurgeon, Newton, Darwin, and Spencer? The great national movement of Germany, which has been accompanied by such a remarkable display of intellectual energy as is signalized by the names of Leibnitz and Kant, Goethe and Schiller, Helmholtz and Virchow, Bismarck and Von Moltke, has its foundation in the almost intolerable military drill and warlike training of the two Fredericks, was fostered by the bitter object-lesson on the value of physical prowess inculcated by the wars of Napoleon, and was inseparably connected with the rise of the great Turnverein system of gymnastics under Father Jahn.—*The London Lancet.*

How to Treat Those who are Overcome with Gas.—Several suggestions were made by different speakers at the recent meeting of the American Gas-light Association at Toronto. The most practical were those quoted on the authority of a prominent physician:—

1. Take the man at once into fresh air. Don't crowd around him.

2. Keep him on his back. Don't raise his head nor turn him on his side.

3. Loosen his clothing at his neck and waist.

4. Give a little brandy and water—not more than four tablespoonfuls of brandy in all. Give the ammonia mixture (one part aromatic ammonia to sixteen parts water) in small quantities, at short intervals—a teaspoonful every two or three minutes.

5. Slap the face and chest with the wet end of a towel.

6. Apply warmth and friction if the body and limbs are cold.

7. If the breathing is feeble or irregular, artificial respiration should be used, and kept up until there is no doubt that it can no longer be of use.

8. Administer oxygen.—*Phar. Record.*

Treatment of Epilepsy by the Constant Current.—The author has cured three cases of epilepsy by a special application of the constant current to the brain and the administration of small doses of bromide of sodium. For various reasons the bromides had very little influence in the cure. The strength of the current should be from four to eight milliampères at a minimum to eighteen to twenty-five at a maximum, which ought to be directed over the whole extent of the brain, or especially to the central ganglia.

1. The patient holds the negative electrode in the hand, while the positive is applied and moved about over the frontal region.

2. Or, better still, the current should be made to traverse the head diagonally by placing the negative electrode in the suboccipital region and moving the positive electrode about over the brow.

3. The cathode remaining in the suboccipital region, the anode should be applied first upon one side and then upon the other, in the neighborhood of the central ganglia.

The treatment was continued for many months, the longest period being ten.—Niermeyer, in *Weekler van het Nederl. Tijd schr. vor Geneesk; l'Electrotherapie.*

Athletics and Scholarship. — Professor Richards, of Yale College, has made a study of the records of two thousand four hundred and twenty-five students in order to determine, if possible, the relations of athletics, in Yale, to scholarship. The general result is that the athletes fall slightly behind the non-athletes in scholarship, but not so much as to demand a suppression of such exercises. In some branches of athletic exercises the students who engage in the sports are above the average of the non-athletes in scholarship. For the slight difference noted between the two great classes, there may be greater strength and endurance or physical development compensating for the loss of scholarship. This does not appear from the report, but a healthy, energetic man with fair scholarship is a better product of college education than a debilitated student with higher average in book studies. So far as statistics go, however, the most that can be claimed for Professor Richards' report is that it is negative in its results, and shows that athletic games do not seriously interfere with the scholarship of students.

Electric Stimulation in Hysteria.—M. Didier recently read a paper before the National Society of Medicine, of Lyons, on this subject. The following were his conclusions: 1. Electric stimulation is decidedly the best treatment for hysteria hitherto discovered. It checked the attacks in every case of convulsive hysteria in which it was employed, and in two cases of hystero-epilepsy, though in the latter affection its effects are less certain. It is superior to compression of the ovary, as this treatment may cause pelvic mischief, and cannot be safely employed in pregnancy. 2. Electric stimulation enables the practitioner immediately to distinguish an epileptic from a hysterical patient—whether the hysteria be epileptiform or of convulsive character—being useless in the former case and of infallible effect in the latter. 3. In patients suffering from two different neuroses this method will serve to distinguish hysterical from the epileptiform symptoms. 4. An electric current of moderate intensity is applied along the track of the aura; that is to say, the electrodes are applied to the epigastrium and to the front part of the neck, when the treatment is applied at the beginning of the attack. When it is resorted to only during the clonic or tonic period, one electrode is applied to the neck and the other is placed in one hand, or the electrodes are placed each in one hand. 5. Besides checking the hysterical attacks, electric stimulation has a curative effect on the neurosis.—*British Medical Journal.*

Puerperal Peptonuria.—Peptonuria accompanies the entire normal accouchement, but it does not present itself always with the same characteristics, and certain causes may modify its intensity and duration. It is less marked on the first day of the confinement, increases the second and third, and attains its height on the fourth. It decreases from this date, subject to a manifest increase toward the eighth or ninth

day; then continues to decrease till the twelfth day, when it disappears

This peptonuria is explained by the uterine involution. It is not necessary to interpose the idea of a purulent exudation, admitted by Hofmeister. We notice that if the fœtus is macerated peptone is not found in the urine, or, at least, very little. The decrease in this case is in direct proportion to the time which has passed since the death of the fœtus or its expulsion from the uterus. It seems that involution is much more rapid than in the case where the fœtus was living.

The urine voided in the last days of pregnancy also contains peptones, which may likewise be found in the urine passed during labor. Peptonuria has no relation to the kind of uterine contractions going on nor with a difficult or prolonged labor. The uterine involution progresses at the same rate as the peptonuria. When the uterus has reached the level of the pubic symphysis we no longer find peptone in the urine. The specific gravity of urine increases in direct ratio to the abundance of the peptones present.

Finally, the peptones formed in the uterine parenchyma act in relation to the blood as the peptones of the digestion, or those which may be injected experimentally into the blood.—*Annali di Obstetrica et Gynecologia.*

The London Hospitals.—The hospital and dispensary management throughout London has lately experienced a change in their financial condition which threatens to interfere with the work that has been carried on in that city for many years past. There is a scarcity of funds, and measures are now under consideration for the purpose of replenishing the depleted treasuries. It has been suggested that a two pence weekly collection should be enforced among the operatives in the different shops and factories, which it is estimated will bring a return of not less than $500,000 per annum, and it is believed that should such a method prove practical the hospitals would be freed from debt.

It will be interesting reading to note some of the items taken from the annual report of 1886, covering the management of 130 hospitals (British Medical Journal). Total number of in-patients, 50,935; total number of out-patients, 1,179,661; total number of medical staff and consultants, 287; visiting, 742; resident, 138; amount spent on alcohol at 69 hospitals (approximately), $50,000; amount paid to medical staff at 82 hospitals and dispensaries (approximately), $75,000; amount spent on drugs at 119 hospitals and dispensaries (approximately), $240,000; total income of 126 hospitals and dispensaries (approximately), $3,638,000; total expenditures of 126 hospitals and dispensaries (approximately), $3,426,000. The foregoing figures give us but a limited idea of the work which is now being carried on in that metropolis, but it should also be mentioned that these statistics do not include either of the following: St. Bartholomew's, Guy's, and St. Thomas', all of them well-known as doing an extensive business. With such facilities it is evident that the chances for the recent graduate are not of the most promising character, but it is one of the results which naturally attend upon the formation of human ant-hills.

Clubs for Working Women.—Efforts for the improvement of the condition of those who are compelled to earn their daily bread by suggesting that much can be accomplished by a proper organization, should not be taken as an indication that anything can be gained in this manner by strikes. The organization of clubs or societies for the betterment of the women who work is an enterprise which has too long been neglected in this country, and now that the matter has been taken up, we trust that this work will be pushed forward with the activity which is characteristic of our country.

It should be mentioned here that the condition of the working girl is gradually improving, and with the liberality shown to them by employers, their future position promises to be quite satisfactory. Some years ago, it will be remembered the late Mr. A. T. Stewart started to build a hotel or boarding-house for women, which was completed and carried on for a time by his executor, Judge Hilton, but on account of the restrictions and the high price asked for accommodations it could not be conducted without great loss, and was finally abandoned. Recently a similar hotel has been erected by Mr. John Wanamaker, of this city, for the convenience of his female employés, and, like all of the enterprises of this gentleman, it is conducted upon a popular basis, and is said to have been so successful thus far that he intends at an early day to erect a similar home for the benefit of his male employés. When such harmonious relations as these observations would indicate exist, there will be no difficulties between the employer and employed, and in this light we would suggest that more of this good work might be accomplished if our brethren in the field would take the trouble to speak a kindly word in favor of such happy combinations, taking our neighbor, Mr. Wanamaker, as a sample.

Permanent Syrup of Hydriodic Acid.—The writer states that the process of National Formulary is preferable to that of the United States Pharmacopœia, but his success in the use of glucose in the syrup ferrous iodide led him to try it with the syrup of hydriodic acid. A sample of some made last August is as clear and destitute of free iodine as some made yesterday. The modified formula is as follows:—

℞ Iodide of potassium, . . gr. cxxiij.
Tartaric acid, . . . gr. cxij.
Water, ... f ℥ss.
Diluted alcohol, . . . f ℥j.
Syrup glucose, . . . f ℥¼.
Syrup, enough to make . f ℥xvj.

Dissolve the iodide of potassium in one-half fluidounce of water and the tartaric acid in one-half fluidounce of diluted alcohol. Mix the two solutions in a vial, cork, and shake it well, and then place it in ice-water for about half an hour; again shake it thoroughly, and then pour the mixture upon a small white filter, and filter into a bottle containing thirteen and three-quarters fluidounces of syrup and one-quarter fluidounce of syrupy glucose. When the liquid has run through, wash the vial and filter with one-half fluidounce of diluted alcohol, added in several portions. Then add enough syrup to make sixteen fluidounces.

The product is a clear, transparent, almost colorless liquid, odorless, having a pleasant acidulous taste, and evincing no free iodine on the addition of cold gelatinized starch. It remains unchanged on exposure to air. Syrupy glucose is used in place of the solid compound, because it is more convenient and fulfills the same purpose. One peculiarity noticeable with its use is the fact that syrups of hydriodic acid made with it, and containing, at first, free iodine, from faulty manipulation become, on standing for a day or two, colorless from the conversion of the free iodine by the glucose into hydriodic acid.—JOSEPH W. ENGLAND in *Am. Journ. Pharm.*

FEMALE DOCTORS.—Six and thirty graduates of the Woman's Medical College had the degree of M.D. conferred upon them at the thirty-seventh annual commencement, held in the Academy of Music last month. Chairman Edward Lewis, of the Executive Committee, delivered the opening address, after which the diplomas were distributed by Dr. Clara Marshall, Dean of the College. Dr. James B. Walker, Professor of the Practice of Medicine in the College, delivered the annual address to the graduates.

No attempt at display was made, the graduates being attired in simple street costumes. The list was as follows:—

Alexander, C. J. ..... Pennsylvania.
Ballard, Sophia B. ..... Ohio.
Bitting, Miriam ..... Pennsylvania.
Clement, Ruth ..... "
Fisher, Mary ..... "
Gale, M. Jean ..... "
Garner, M E. ..... North Carolina.
Gordon, E. E. ..... India.
Goodwin, Anna H. ..... Pennsylvania.
Hunt, Elizabeth W. ..... "
Hunt, Emily G. ..... "
Jenks, Jane M. ..... Rhode Island.
Johnston, A. M. ..... Ohio.
Ladd, Carolyn C. ..... Iowa.
La Flesche, Susan ..... Nebraska.
La Fevre, A. L. ..... Pennsylvania.
Linton, Sarah V. ..... Minnesota.
Lippert, Freida E. ..... Pennsylvania.
McCollin, Mary B. ..... "
McQuade, F. Q. ..... "
Miesse, K. De Witt ..... New Jersey.
Moore, Mabel Wells ..... Pennsylvania.
Morey, Mary ..... Massachusetts.
Northrop, Catharine ..... Pennsylvania.
Okami, Kei ..... Japan.
Peckham, Katharine F. ..... Rhode Island.
Putnam, H. C. (A B.) ..... New York.
Rabinovitch, L. G. ..... Russia.
Reid, Jane ..... Illinois.
Sharpless, Anna P. ..... Pennsylvania.
Sherwood, Rosetta ..... New York.
Smallwood, L. B. ..... Prince Edward's Island.
Tyson, Sarah F. ..... Pennsylvania.
Welsh, Lilian ..... "
Wright, Emily ..... Ohio.
Wylie, Louisa L. ..... Pennsylvania.

TEREBÈNE IN THE COUGH OF PHTHISIS.—James D. Staple, M.R.C.S., of Bristol, England, in recounting his experience with terebene in the London Hospital Gazette, speaks of using the drug in over one hundred cases. "I found," he continues, "that the cough of chronic phthisis was relieved far more than the cases of chronic bronchitis, and several of the phthisical patients spoke in the highest terms of the benefit that they derived from taking that drug: it seemed also, in many instances, to relieve the dyspeptic symptoms of that disease. In cases of chronic bronchitis and emphysema, terebene did not act so beneficially as in the former class of cases, and although it several times appeared to give great relief to the patient, in the majority of cases far more improvement seemed to be obtained from the old prescription of carbonate of ammonia, spirits of chloroform, and the infusion of senega. Terebene I also found very useful in flatulence; and in cases of winter cough, where the patient complained of this, terebene almost invariably was efficacious.

"Further, I would draw attention to the great use of terebene in the cough of chronic phthisis, as the percentage of cases of phthisis in a large cotton manufacturing town like Stockport is very considerable—far larger, indeed, than any person except those who practice in such towns, and consequently see for themselves, would imagine. I had large facilities for trying terebene in the cough of that disease, and in my experience terebene gave the greatest relief, and is the drug *par excellence* in the cough of chronic phthisis.

"Terebene is not soluble in water, and so it was given with pulv. gum tragacanth and aq. menth. pip. and spirit chloroformi. Some prefer to give ten drops on sugar three times daily, but this I did not find so convenient in hospital practice.

"One of the peculiarities of the drug which it is well to remember, as the patients sometimes draw attention to it, is that it imparts a peculiar odor to the urine."

INDORSING THE MEDICAL EXAMINER'S BILL.—At a late meeting of the Faculty of the Medico-Chirurgical College, of this city, the matter of the Medical Examiner's Bill for the State of Pennsylvania came up for discussion, and it was determined by the members to give official expression of their views, the same being embraced in the following preamble and resolutions:—

Believing that every reasonable advance of the standard of medical education is to the advantage of medical institutions and the profession, and feeling that the present State Registration Law imposes an onerous and unpleasant duty upon colleges; therefore,

Resolved, That we, the Faculty of the Medico-Chirurgical College, give our sincere and hearty support to the effort now being made to pass a bill to create a State Board of Examiners, to whom shall be referred all applicants for license to practice medicine in this Commonwealth.

Resolved, That a committee, consisting of Professors Shoemaker, Pancoast, and Waugh, with the Dean, be appointed to represent the College in influencing a favorable sentiment.

Exceptions having been taken to the course of the Medical Register regarding the aforesaid bill, it is with no little satisfaction that we call attention to the official action of the Medico-Chirurgical College, and we desire further to say that this action is in accord with our views, and will be most earnestly seconded so far as lies in our power. No one having at heart the welfare of the medical profession can for a moment object to the bill as now prepared, although there may be some who would prefer changes to meet special views. What is most required now is an enactment which shall not be too strict in its character, so that no discretionary power shall remain in the hands of the examiners, and as time shows its deficiencies amendments can be added. The present registration law is wholly inadequate to protect either the public or the profession, and with the intelligent class of people inhabiting this great State, it is but reasonable that they should demand a suitable protection from quackery.

The State Board of Health of Illinois has shown its strength in prohibiting two advertising doctors from gulling the public, but the same twain are conducting extensive operations in this city in spite of the laws made and provided, demonstrating to our ocular satisfaction that they are merely ropes of sand.—*Med. Register.*

SPARTEINE.—Sulphate of sparteine, when administered in fruit-syrups, beer, or coffee, is well endured by the digestive system. It does not cause the nausea or gastric pains which so frequently follow the use of digitalis. The only disagreeable symptom which sometimes accompanies its use is a slight diarrhœa, which, however, ceases as soon as the drug is discontinued.

Sparteine does not seem to have any special effect upon the kidneys. It is rapidly eliminated through the urine, and although the drug itself had no diuretic action, yet it seemed to assist and to prolong the action of milk, caffeine, and other diuretics.

Upon the nervous system sparteine exerts an action in a healthy man which is materially different to its action upon cardiac patients. In a healthy man doses of two and one-third grains of sulphate of sparteine have no effect whatever, either upon the brain or upon the medulla.

Although such symptoms as vertigo, headache, dizziness, palpitation, a feeling of heaviness in the chest, and a tingling sensation in the limbs, etc., are not usually produced by doses under four and two-thirds grains, yet a dose of one and one-half grains, given as a cardiac regulator, will frequently cause painful symptoms in accomplishing its results. It is advisable, however, never to give doses exceeding seven and three-tenths grains a day. The drug should be used with special caution in cases of nervous palpitation, which is met with in hysterical patients, in hypochondriac and psychopathic patients, in cases of chorea, in the treatment of palpitation in Basedow's disease, and in anæmic and chlorotic subjects; also, in patients who are addicted to the tobacco habit and in angina pectoris.

In a recent work by De Masius, sulphate of sparteine is said to exert the following effects: 1. It modifies the carotid pulsations of dogs. 2 In comparatively moderate doses it diminishes the excitability of the pneumogastrics, quickens the pulsations of the heart, which become less intense under its use, and decreases the rapidity of the respirations. 3. Toxic doses cause a paralysis of the pneumogastric nerves– asphyxia, and in consequence of the asphyxia also cause a change in the cardiac pulsations, which at first become stronger and slower, later very frequent and gradually losing in strength, and, lastly, irregular, thready, and scarcely discernible. 4. The pressure of blood does not materially lessen until just before death. 5. The drug exerts no physiological effect upon the urine.—*Therapeutic Gazette.*

BOOK REVIEWS.

The Operations of Surgery. A Systematic Handbook for Practitioners, Students, and Hospital Surgeons. By W. H. A. JACOBSON, M.B., F.R.C.S., Assistant Surgeon to, and Teacher of Operative Surgery in, Guy's Hospital; Surgeon to the Royal Hospital for Children and Women, London. With one hundred and ninety-nine illustrations. Octavo, pp. 1000. Cloth, $5; leather, $6. P. Blakiston, Son & Co., 1012 Walnut Street, Philadelphia, 1889.

This complete work includes all the operations in surgery, and is arranged in the following manner:—

Part I. Operations on the Upper Extremity (32 operations).

Part II. Operations on Head and Neck (69 operations).

Part III. Operations on the Thorax (4 operations).

Part IV. Operations on the Abdomen (84 operations).

Part V. Operations on the Lower Extremity (46 operations).

Part VI. Operations on the Vertebral Canal (2 operations).

Appendix. Tapping and Incising the Pericardium.

Index of names, index of subjects.

Over one thousand pages are devoted to the consideration of the parts just named. The author is most vivid in his description of the different operations, and adds much to the interest of each one by the use of most excellent plates. One of the most practical features of the book relates to the operations on hernia. Dr. Jacobson points out the varieties of hernia and the best operative procedure to resort to in each instance. Another most valuable chapter is in reference to operations on the intestines. This voluminous yet practical work is concluded with an appendix on "Tapping and Incising the Pericardium," the author naming the following as the indications for this operation:—

1. When a pericardial effusion has resisted previous treatment.

2. When there is a steady increase of pericardial dullness.

3. When the heart-beat, and pulse are becoming feeble.

4. When there are cyanosis, dyspnœa, and epigastric distress.

5. When the effusion persists, when it is accompanied by œdema, rigors, and pyæmia, when it occurs in a much weakened patient, as part of pyæmia, the fluid is probably purulent.

Jacobson's Surgical Operations, so admirably illustrated, so well arranged, and so clearly given, is the best now in the English language for both students and surgeons.

International Pocket Medical Formulary, with an Appendix containing Posological Table, Formulæ for Inhalations, Suppositories, Nasal Douches, Eye washes, etc. By C. SUMNER WITHERSTINE, M.S., M.D. Leather, flexible cover, pp. 269. Philadelphia and London: F. A. Davis, 1888. Price, $2.

Compilations of the class corresponding with this work are always in order; the demand for them is almost constant, and with good reason. Many physicians are not able to read all the journals, and, with one or more of the best, still something will be overlooked. It is presumed that these condensed formulæ have been selected with care, and represent the latest practice of the profession in the different departments. Referring to the collection before us, we are compelled to say that Dr. Witherstine has made an excellent selection, which must prove of signal service to the busy practitioner when in need of suggestions. Arranged with the diseases in alphabetical order, reference is easy, and the name of the author is underlined with red ink, thus bringing out more prominently the class of writers and authors who have been thus made contributors. It is handsomely bound in leather, printed on the best quality of linen paper, and is in every way worthy of the reputation of the publisher, who has left nothing undone that could make the work acceptable to the profession.

Hand-book of the Diagnosis and Treatment of Skin Diseases. By ARTHUR VAN HARLINGEN, M.D., Professor of Diseases of the Skin in the Philadelphia Polyclinic, etc. Second edition, revised and enlarged, with eight full-paged plate illustrations and other illustrations. Cloth, 8vo, pp. 410. Philadelphia: P. Blakiston, Son & Co., 1889.

The new edition of this work, which has just passed through a careful inspection at the hands of the author, presents some features which will attract the attention of the profession. It will be remembered that Dr. Van Harlingen was fined for not reporting two cases of leprosy, mother and daughter, which he exhibited before the County Medical Society, and, as a memento of the time, he has introduced into this work wood-cuts showing the condition of these patients. Cases of leprosy are rather rare in this country, and this cut may be of some value to those who are located in the regions sought by these people.

Bright's Disease of the Kidney. By ALFRED L. LOOMIS, M.D., LL.D., Professor of Pathology and Practice of Medicine, University Medical College, N. Y., etc. Paper, square 12mo, pp. 117. Detroit, Michigan: George S. Davis, 1888. Price, 25 cents.

In the course of a little more than one hundred short pages Professor Loomis has given a very complete essay upon the subject of Bright's disease, including not only his own views of the matter, but also the teachings of many others who have gone before him. For an evening's leisure, when you are tired, and do not care to handle a large volume, you will get more than the worth of the money from a brief study of Professor Loomis on the subject of Bright's disease. It would be useless to attempt an epitome of a condensation of this character when the entire work can be purchased for a trifle.

Lectures on Nervous Diseases; from the Standpoint of Cerebral and Spinal Localization, and the Later Methods Employed in the Diagnosis and Treatment of these Affections. By AMBROSE L. RANNEY, A.M., M.D., Professor of the Anatomy and Physiology of the Nervous System in the New York Post-Graduate Medical School and Hospital, etc. Profusely illustrated. Cloth, 8vo. pp. 778. Philadelphia: F. A. Davis, 1888. Price, $5.50.

The members of the profession who had their attention called to the prospectus of this work during the past summer have been waiting somewhat impatiently of late because of its non-appearance. Advance sheets were issued showing elegant colored plates, some of the pages having as many as seven different colors, and the question was asked at the time if the whole work could be made to correspond with the high character of the samples which were distributed. How well that promise has been fulfilled we purpose investigating, although space does not permit a complete *résumé* of the entire work. The departments which strike the reviewer as being most likely to attract more attention on the part of the profession are entitled to the most consideration, while those sections which can be understood by mentioning the subject, but cannot be explained without a personal study by the reader, will be referred to simply as a matter of form, and for the purpose of showing that they have not been forgotten.

Thus, there are seven sections, all of them of greater or less importance, depending, of course, on the demands of the one who wishes to obtain information. The first section is devoted to a study of the anatomical, physiological, and pathological deductions regarding the nerve-centres of man, a section which has been dealt with in a spirit of inquiry which is most commendable. No one can read these pages and examine these beautifully colored plates without rising better qualified to perform his duties as a physician, and feeling that the responsibilities of his calling have been greatly increased. His arguments upon this intricate and delicate topic are almost in the shape of demonstrations, and must eventually lead to greater care on the part of the physician, and consequently greater benefit from medical treatment for the afflicted members of the community. Every member of the profession cannot have this work, and some could not understand it, but those who purchase should let their light so shine that its reflection will catch the eye of the author and partly repay him for the labor he has undertaken.

Section II describes the methods to be employed for the clinical examination of the patient; Section III, diseases of the brain and its envelopes, while Section IV discusses the diseases of the spinal cord and its envelopes. The latter two sections could be studied with benefit, but the section following is of paramount importance to the practitioner, and we shall therefore give it our first attention.

Shall we say of our author that he is a necromancer because, forsooth, he tells us that he has adopted a method for the relief of such diseases as hysteria, chorea, neuralgia, headache, insanity, together with the severe forms of epilepsy and functional visceral derangements, by means which do not depend upon the use of medicine? Of course, it strikes the reader at once as a most unprecedented incongruity, and but for the numerous details he has recorded, along with illustrative cases, it must be confessed his assertions would appear fanciful to the uninitiated. Fortunately, however, Dr. Ranney's work in this new field of operations is clinched by facts which are indisputable, and, moreover, are susceptible of proof. We venture the assertion that not one physician in a hundred, in practice for ten years where the rays of light from Dr. Ranney's distinguished predecessor, Dr. George T. Stevens, has not failed to impinge upon his cerebrum, who cannot count as many patients as he has fingers, whom the treatment pursued by our author would have rejuvenated and made healthy, happy, and contented citizens. Imagine, if you please, a patient, child and woman, affected with chorea for over thirty years, practically cured in the course of a few months, without medicine! These are not the days of miracles, but the general practitioner who accomplishes results like this will shortly be accredited with powers that approach the marvelous. Our author has done this, and so can any of his faithful followers by studying the defects of vision, known as "eye-strain," as recommended and taught for the first time in 1876 by Dr. Stevens, and later elaborated and worked out by Dr. Ranney. Both space and time prevent a further investigation of the other diseases treated of in this section, but we can anticipate the reader by announcing that it is all equally interesting.

At the beginning of this article it was the intention to give some attention to the matter of electricity, which occupies a considerable portion of Section VII, but we can only refer to the matter in the most perfunctory manner. Dr. Ranney is well known as an electrical expert, and his writings on this subject have had a wide circulation. That part of the work devoted to electricity and its uses is especially full and, withal, practical. It is doubtful if we have any literature at the present time which will prove more acceptable to the practitioner who desires to add to his armamentarium the latest improvements to be derived from electrical applications. This remark is particularly true as regards static

electricity, which has lately been so extensively recommended, and we take great pleasure in commending this part of the work to the attention of the medical profession.

As a specimen of book-making it is unique, and its near approach to perfection is a gratifying compliment to the profession, showing that the publisher believed it would support him in his attempt to supply the best, both from a literary and mechanical stand-point.

CURRENT LITERATURE.

B. F. Baer, M.D. Recurrent Pelvic Peritonitis. A Clinical Lecture. Reprinted from the Medical and Surgical Reporter.

B. F. Baer, M.D. Report of Some Recent Cases of Abdominal Section for the Removal of Tumors, of unusual interest regarding the character of the tumors and the method of operating. Reprinted from the Transactions of the Obstetrical Society of Philadelphia.

B. F. Baer, M.D. Report of a Case of Pregnancy in the Right Horn of a Uterus Bicornis. Reprinted from the Transactions of the American Gynecological Society.

Harold P. Brown, Electrical Engineer, New York. The Comparative Danger to Life of the Alternating and Continuous Electrical Currents.

Seth S. Bishop, M.D., of Chicago. Report of the Committee on Ophthalmology and Otology. Reprinted from the Transactions of the Thirty-seventh Annual Meeting of the Illinois State Medical Society.

E. Cutter, M.D., LL.D. List of Lantern Slides. Abstract from the Clinical Morphologies.

Ephraim Cutter, M.D., LL.D. Food *versus* Bacilli in Consumption. Reprint from Virginia Medical Monthly.

E. C. Dudley, M.D., Chicago. Pressure Forceps *versus* the Ligature and the Suture in Vaginal Hysterectomy. Reprint from Gynecological Transactions.

J. H. Kellogg, M.D. Experimental Researches respecting the Relation of Dress to Pelvic Diseases of Women. Reprint from the Transactions of the Michigan State Medical Society.

Thos. J. Mays, M.D. Pulmonary Consumption Considered as a Neurosis. Reprinted from the Therapeutic Gazette.

L. Harrison Mettler, A.M., M.D. The Biological Cell: An Argument. Reprint from the Medical Register.

H. H. Middelkamp, M.D. Are Immediate Amputations Justifiable? Reprint from Progress.

Wolfred Nelson, C.M., M.D. Yellow Fever: Absolute Protection Secured by Scientific Quarantine.

Robert Newman, M.D. The Armamentarium for the Treatment of Urethral Stricture by Electrolysis. Reprinted from the Medical Register

Isaac Hull Platt, M.D. Suggestions Regarding the Management of Phthisical Patients at Health Resorts. Reprinted from the Therapeutic Gazette.

Boardman Reed, M.D. Diseased Conditions for which Sea-Air is of Doubtful Benefit. Reprinted from the Transactions of the American Climatological Association.

The Restorative Treatment of Sleeplessness from Brain Exhaustion. Reprinted from the Journal of the American Medical Association.

Boardman Reed, M.D. The Double Action of Medicine as Illustrated by Digitalis. Reprinted from the Medical and Surgical Reporter.

George H. Rohe, M.D. The Electrolytic Decomposition of Organic Tissue. Reprinted from the New York Medical Journal.

John B. Roberts, M.D. The Science of Successful Surgery. Reprinted from the Journal of the American Medical Association.

Carl Seiler, M.D. Ecchondroses of the Septum Narium and their Removal. Reprinted from the Medical Record.

George Strawbridge, M.D. Preliminary Report of an Operation for the Formation of an Artificial Pupil through the Sclerotic Coat of the Eyeball. Reprinted from the Medical News.

Gov. Robert L. Taylor. Message, State of Tennessee.

DeForest Willard, M.D. Osteotomy for Anterior Curves of the Leg. Reprinted from the Medical and Surgical Reporter.

Hal C. Wyman, M.S., M.D. The Training of Nurses. Reprint from the Medical Register.

Proceedings of the Twelfth Convention of the Empire State Association of Deaf Mutes, held in the City Hall, Rochester, N. Y.

Fifty-sixth Annual Report of the Managers of the Pennsylvania Institution for the Instruction of the Blind, at their Annual Meeting, December 20, 1888.

The Pennsylvania State College Agricultural Experiment Station. BULLETIN, No. 6, January, 1889.

Speech of Hon. Wm. M. Stewart, of Nevada, in the Senate of the United States, January 2, 1889.

Illustrated Catalogue Descriptive of the Economy Wall Desk and Specialties manufactured by the Cortland Desk Company, Cortland, N.Y.

The Seven Mineral Waters of Soden in the Taunus, Germany, and the Diseases which are Cured by Them. A synopsis of medical monographs about Soden in the Taunus and its springs.

COMMERCIAL NEWS.

Purer Air for the Sick-Room.

Every careful physician realizes the vital importance of keeping the atmosphere of the sick-room as sweet and pure as possible, yet we believe every one has also found it a most difficult thing to do under many circumstances. A draught of cold air cannot always be permitted, while to be obliged to remain in a room not properly ventilated is at least disagreeable to the attendants and far from refreshing to the sick.

A simple method, undoubtedly resorted to by many physicians, and which all should know about by experience, is to simply moisten a towel or sheet in a mixture of one part Platt's Chlorides in four parts of water, waft or snap this wetted fabric about the room a few minutes, and then suspend it from the gas bracket or hook, or from the back of a chair. This solution has no odor, but the strong chemical affinity of the Chlorides for noxious gases is such as to absorb the poisonous exhalations in the room, while the additional equivalent of oxygen given off by the Chlorides adds a most grateful and refreshing element to the air. Repeated three or four times each twenty-four hours costs but little in time or money and may add just that one element essential to the life of the patient.

Platt's Chlorides has been successfully employed as a sick-room or household disinfectant for many years, and is held in the highest esteem by the most eminent practitioners.

Wanted.

Competent persons to solicit subscriptions for the "Cyclopædia of the Diseases of Children," medical and surgical, by American, British, and Canadian authors, edited by John M. Keating, M.D. Complete in four imperial octavo volumes. Liberal terms and exclusive territory to salesmen of ability and experience. Apply in person or by letter to J. B. Lippincott Company, 715 and 717 Market Street, Phila.

Any one desiring to improve their memory should read the advertisement of Professor Loisette, which appears in another column, and send for a prospectus containing the testimonials and opinions of prominent people everywhere who have studied it and know of its great value.

Habitual Constipation.

W. J. Maddox, M.D., Washington, D.C., says: "In regard to results produced from the use of Acid Mannate, I will give two cases. Case 1, Mrs. N. C., applied to me for treatment for habitual constipation. After trying several remedies without any good effect I put her on the Acid Mannate treatment. Since taking it she has had marked improvement, and at this date is not troubled with constipation. Case 2, Mrs. F., pregnant, was troubled with constipation. I gave the Acid Mannate and find that it acted like a charm with her. She at the present time is not constipated. Both of the above patients told me that the Acid Mannate operated very mildly. It is the remedy for constipation, either habitual or caused from pregnancy. I shall continue to use it, being very much pleased with its action."

Ingluvin in Sickness in Gestation.

Ingluvin in the Vomiting of Pregnancy.—Dr. Popp (Pester Med. Presse, No. 40, 1888) reports having achieved considerable success with Ingluvin in the vomiting of pregnancy. Having a very obstinate case, upon which he had exhausted the entire resources of the pharmacopœia, he administered three times daily, one-half hour before meal-time, eight grains of Ingluvin, and directly afterward two tablespoonfuls of 1 per cent. hydrochloric acid solution. An improvement was observed after a few doses had been taken and a cure effected after the treatment had been continued for three weeks.—*Deutche Med. Wochenschrift*, January 17, 1889.

Hysteria.

I have used Peacock's Bromides with fine results, and shall continue to use it. One case in particular illustrated its effects. The patient (female) was much troubled with hysteria, and, as usual in such cases, had every imaginable disease. I gave her Peacock's Bromides, and, on taking as directed, all hysterical phenomena disappeared. In such cases I consider it the remedy par excellence.

E. F. Conynghame, M.D., Olivia, Minn.

Removal or Deaths.

Physicians having removed (or about to) would confer a favor if they would mail a postal card of their removal, or the death of a physician, to George Keil,

1715 Willington St., Phila., Pa.